

ATTACHMENT A
Revised Dec. 9, 2005

☐ **Service Standards**

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Service Code Funding Sources

1510 – Family Preservation - IV-B Part II

1511 – IV-B Part I/SSBG

1512 – Family Support - IV-B Part II

1514 – Chafee Foster Care Independence Program (CFCIP)
 Voluntary Services for emancipated foster youth
 18 to 21 years of age
1515 - Chafee Foster Care Independence Program (CFCIP)

1516 – Time Limited Reunification Services -IV-B
 Part II
1517 – Adoption
1520 - Foster Parent Training
1521 – Regional Child Welfare Coordinator

Kids First Trust Fund

The Kids First Trust Fund is a fund whose capital is generated by public contribution through the purchase of a Kids First License plate, a portion of the divorce filing fees, and private contributions. The purpose of the fund is to support statewide child abuse prevention efforts. To make a contribution or to learn more about the fund, go to the website:

Community Based Child Abuse Prevention (CBCAP)

CBCAP is federally funded for the purpose of child abuse prevention. Indiana uses the CBCAP funds to enhance the development and support of community agencies that deliver services for parenting classes, community education, fatherhood programs, services to children with disabilities and their families. It also supports the coordinated collaboration efforts of community based prevention agencies to network and strengthen prevention programs statewide.

Family and Children Fund

The Family & Children Fund provides services to children who are adjudicated CHINS or Delinquents; families for which there is an informal adjustment; service referral agreement; for individuals receiving assistance for adoption; for children previously wards age 18 to under 21 for which there is an independent living agreement. If a child has been duly adjudicated, they are classified as a CHINS. The Family Casemanager (FCM) determines the Federal program for which the child and family are eligible, and is also responsible for identifying the services that are eligible. In addition to determining potential eligibility, the FCM also identifies the specific service being provided to determine the appropriate account and sub-account. A procedure should be in place to communicate this information to the bookkeeper.

Child Welfare Services

This account should be used to do the following:

- Pay to develop, establish, extend and strengthen child welfare services for the protection and care of children at risk of becoming a child in need of services or a delinquent child by supporting Community Partners for Child Safety.
- Develop and extend public social services directed toward the accomplishment of any of the following purposes:
 - a) protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children;
 - b) preventing, remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children;
 - c) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible.

❑ Non Standardized Program Specification Grid

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SERVICE STANDARDS

ADOPTION - CHILD PREPARATION

I. Service Description

This preparation is to assist the local Department of Child Services (DCS) in assessing the adoption readiness of children in the custody of the State of Indiana. Upon assessment, the contractor will work to prepare the children who were determined to be unprepared for adoption. The child should be counseled about what adoption will mean to them and make it clear that an adoptive family is a permanent family. This explanation also necessitates the painful realization that the biological family ties will be severed prior to the adoption.

Preparation of children or adolescents for adoptive placement may include but not be limited to the following areas:

- 1) reconstruction and interpretation of child's history
- 2) weaving together the child's background so they understand their own unique life experience
- 3) grief and loss issues with biological and foster families (and others)
- 4) loyalty issues
- 5) what adoption means
- 6) listening to an adoptive child speak of their experience and feelings
- 7) sharing of feelings

Lifebooks

Preparing a lifebook is very important to the child being adopted as it may be one of the few possessions the child can call their own prior to their adoption. Foster children often do not have tangible information about their growing up and the life book serves to help them feel important and connected in time. Life books also may cover and explain major events and developmental milestones, such as when the child first walked, talked, and so forth.

In preparing an older child, a life book is especially helpful. This is a means of documenting the child's life to date and is created for and with the child with the assistance of the child's case manager, therapist, foster parent, CASA, and/or other individuals in the child's life. It is designed to capture memories and provide a chance to recall people and events in the child's life to allow a sense of continuity. The lifebook also serves as a focal point to explore painful issues with the child that need to be resolved.

II. Target Population

- 1) Children who are free for adoption.
- 2) Children who have a permanent plan of adoption.

III. Goals and Outcome Measures

Goal #1

Ensure that children in Indiana's custody are adequately prepared for adoption.

Outcome Measures

- 1) 100% of children referred for child preparation will complete an initial assessment within 30 days of the referral.
- 2) 100% of child preparation services will be completed within 60 days of receipt of the referral.
- 3) 100% of the local DCS offices referring a child for adoption preparation will receive a written report within 15 days of completion of the child's preparation.

Goal #2

Increase the probability of a successful adoption.

Outcome Measures

- 1) 90% of the children prepared over the age of 4 will verbalize their understanding and acceptance of the adoption process.
- 2) 95% of the children prepared over the age of 4 to 10 will be able to draw a version of an adopted family and name the family members.
- 3) 95% of the children prepared over the age 10 will name the family members of the adopted family.
- 4) 100% of the children prepared will have a lifebook completed with their input.

Goal #3

DCS and child satisfaction with services

Outcome Measure

- 1) 95% of children over the age of 4 will indicate comfort with the adoption process to the county through a satisfaction survey.
- 2) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

IV. Qualifications

Minimum qualifications:

- Bachelor's Degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person holding a Masters degree and a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker, 2) Clinical Social Worker, 3) Marriage and Family Therapist, or 4) Mental Health Counselor, **and**
- Must also have at least three years experience in the provision of services to children who are or have been in the custody of the state in substitute care.

In addition the worker must have:

- Knowledge of family of origin/intergenerational issues and child development.
- Knowledge of separation and loss issues
- Knowledge of child abuse/ child neglect and how these impact behavior and development.
- Knowledge of community resources, especially adoption friendly services in the communities families reside.
- Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

V. Billable Units

Hourly rate up to 12 hours (additional hours must be approved by the referring DCS):

The hourly rate includes face to face contact with the identified client, collateral contacts, and professional time involved preparing the assessment report. This also includes support and matching services provided on behalf of the child which includes review of the child's case file; preparation for contacts; preparation of life book; transporting the child to various places of interest related to the child's past and time in foster care while in the provision of services; taking pictures as important to the child to reconstruct a timeline related to placements, people, pets, place of birth, etc.; local adoption team participation, and SNAP Regional Council appearances and mileage not to exceed the State rate of \$.40.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

- 1) Documentation of contacts with the child and activities related to the preparation with the child.
- 2) Documentation of the child preparation includes dates of sessions provided to the child and the material presented at each session.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

ADOPTION - FAMILY PREPARATION

I. Service Description

Preparation of the foster/adoptive/kinship home study for prospective families should follow the outline provided by the referring DCS from the State Child Welfare Manual. Collect information, evaluate the family and home, then make a recommendation as to the ability of the prospective foster/adoptive/kinship parent(s) to meet the needs of children in Indiana's custody as a result of abuse or neglect. The assessment criteria must include but not be limited to the following areas:

- 1) Specific child(ren) to be placed in the home, if kinship preparation or completed for a specific child or children.
- 2) Specific child(ren) listed in the "Opening Hearts Changing Lives" Picture Book for children who wait for adoption.
- 3) Child Behavior Challenges Checklist
- 4) Reference forms completed by three (3) of which one may be a relative
- 5) Financial profile
- 6) Medical Report for Foster Care/Adoption
- 7) Application for Foster Family/Adoptive/Approved Relative Home
- 8) Consent to Release Information for Foster Family Home License or Adoption
- 9) Voluntary Release for Limited Criminal History Record
- 10) Adult Criminal History Information Search and Results
- 11) Indiana Sex and Violent Offender Registry Search and Results
- 12) Outline for Adoption/Foster Family Preparation Summary

The Child Welfare Manual is available at <http://www.in.gov/dcs/policies/cwmanual.html>.

Family Preparation

The Family Preparation Process includes the initial contact with a family, the application, several home visits at convenient times for the parent including evenings, weekends if necessary. The process includes compiling and sending out as well as processing the family's references, medical information forms, financial forms and all other state forms necessary. It also includes the family genograms, eco-map, and preparing other members of the family or household who will affect the success of an adoption because of their relationship to the family, such as a live-in grandparent or a relative who is always there during the day etc. Also included is using the challenges checklist as a learning tool to review common challenges the children have with the family and to gauge their degree of acceptance and to help the family self-evaluate to determine how this will impact them now and in the future and if special needs adoption is for them. The contractor also assists the family with pre-placement family support services as well as serving as advocate for the family and assist with matching.

The Family Preparation should include the family's feelings about adoption and experiences with parenting as well as pertinent issues specific to adoption. Preparation should also prepare adoptive parents in understanding the commitment they are making to provide a permanent home for the child or children they will be including in their family whether young children, adolescents, or sibling groups. The contractor will engage in a dialogue with family members, providing

information on all aspects of child abuse and neglect, typical resulting behaviors, common characteristics of children in the system and assist the family in planning and foreseeing what is needed for their own specific successful parenting of these children. The contractor will explore with the family the types of children that they feel able to parent and the specific special needs that they can work with. The contractor will also make a recommendation about the family's ability to meet the needs of children in Indiana's custody. The assessment criteria must include but not be limited to specific children to be placed in the home, if a kinship preparation or one done for a specific child or children, and specific children listed on Indiana's website, who wait for adoption.

Foster and Kinship Care Families

When the family preparation is complete, the contractor will provide a copy of the family preparation to the Department of Child Services (DCS) in the family's county of residence and/or the DCS with custody of child(ren) to be placed with the newly prepared family.

Foster/Adopt Families and Pre-Adoptive Families

When the family preparation is complete, the contractor will share with the family a copy of the proposed summary and add the family's comments to the summary document and submit the entire case file to the referring DCS. The contractor will also provide a copy to the Regional Special Needs Adoption Program (SNAP) Specialist for the county of residence. The contractor will then present the family preparation at the adoption team meeting held in the region of the family's residence. The regional adoption team will recommend if the family is appropriate for consideration to adopt a special needs child. The contractor will present the family at the next monthly Regional SNAP Team meeting where they will be added to the approved families list and their information will be shared with the other SNAP Specialists and contractors. They will also be presenting the family at SNAP Council in Indianapolis.

The local DCS reads the submitted family preparations and decides on 3-4 families to be interviewed as prospective adoptive parents for the specific child from their DCS. The interviews include parties from the child's case, the regional SNAP specialist and some members of the regional adoption team. The team makes a placement recommendation for the child. The local DCS Director and/or Regional Manager may override the recommendation of the adoption team.

- Family preparation services must be completed within 60 days of receipt of the referral or within a time frame specified by the DCS at the time of referral.
- Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- Services will be arranged at the convenience of the family and to meet the specific needs of the family.

II. Target Population

- 1) Families who have successfully passed a criminal history check and successfully completed the Pre-Service Foster/Adoption/Kinship Parents/Caregiver Training, including the 6 hours on Permanency.
- 2) Families who are willing to parent a child or a sibling group of children, in Indiana's custody, who have been neglected and/or abused and are 7 to 17 years of age and may have serious medical, emotional, developmental and behavioral challenges.

III. Goals and Outcome measures

Goal #1

Provide adoption home studies for families interested in adopting special needs children in a timely manner.

Outcome Measures

- 1) 95% of families referred will have their home study completed within 60 days of the referral.
- 2) 100% of home studies will be provided to the referring DCS within 14 days of the last contact with the adoptive family and receipt of requested information.
- 3) 95% of families, who are approved by Regional SNAP Teams, will not need additional work done or will have the recommended additions or changes completed within 30 days as recommended by the Team.

Goal #2

Ensure that the local DCS and SNAP are aware of each prepared and waiting family

Outcome Measures

- 1) 95% of families completed home studies will be sent to SNAP Regional Teams for approval within 60 days of county referral.
- 2) 100% of prepared families will be presented at SNAP Regional Teams for approval.

Goal #3

Increase the number of adoptions of children free for adoption.

Outcome Measures

- 1) 95% of families prepared for adoption will have the Regional SNAP Team's recommendation in agreement with that of the contractor.
- 2) 90% of families, who are selected for a placement, will have their adoption petitions filed within one year of placement.

Goal #4

DCS and family satisfaction with services

Outcome Measure

- 1) 95% of families will indicate comfort with the adoption process to the county, will be aware of post adoptive services available including respite care, support groups etc. through a satisfaction survey.
- 2) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

IV. Qualifications

Minimum qualifications:

- Bachelor's Degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person with a Master's degree and a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker, 2) Clinical Social Worker, 3) Marriage and Family Therapist, or 4) Mental Health Counselor, **and**
- Must also have at least three years experience in the provision of services to children who are or have been in the custody of the state in substitute care.

Supervision/consultation is to include not less than one (1) hour per week of service provided, nor occur less than every two (2) weeks.

In addition to:

- Knowledge of family of origin/intergenerational issues
- Separation and loss issues
- Knowledge of adoption specific issues and the needed characteristics for families to parent these children differently
- Knowledge of child abuse/ child neglect and how these impact behavior and development.
- Knowledge of community resources, especially adoption friendly services in the communities where families reside.

V. Billable Units

Hourly rate up to 12 hours (additional hours must be approved by the referring DCS):

The hourly rate includes face to face contact with the identified client/family members and professional time involved preparing the assessment report. Includes collateral support and matching services provided on behalf of the adoptive family which includes preparation for contacts, case conferencing, follow up with the family, SNAP Team presentation and SNAP Regional Council appearances and mileage not to exceed the State rate of \$.40.

The SNAP will sign a recommendation form that the contractor submits with their claim for payment. Contractors will be paid for their work without regard to approval or denial of the family preparation.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

- 1) Documentation of contacts regarding foster parent interest in adopting children in their care or other children available.
- 2) Documentation of all contacts regarding adoptive families and a record of services provided to them with goals and objectives of the services and dates of service.
- 3) Documentation includes written home studies for all prospective families following the outline in the Child Welfare Manual.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

ADOPTION - PRE / POST-PLACEMENT AND POST-ADOPTION SERVICES

I. Service Description

Home-based and office-based services include face to face counseling, written monthly reports, testimony if required, and travel time. Mileage is included in the hourly rate.

Support group services should be provided no less than once a month and can be provided as often as once a week. These groups can serve families who provide foster/kinship care, families who are prepared to adopt but are waiting for a child to be placed with them, families who have adopted, children who are in the adoption process and/or children who have been adopted. The support group leader will record the topic(s) of discussion and keep a sign in sheet for each support group.

Respite care for adoptive families is to be provided in a licensed foster home. The child's family will provide the respite providers with emergency and back up emergency phone numbers, medical information and medications, behavioral information and clothing. Maximum number of respite care days per year is 30. The contractor will provide the county Department of Child Services (DCS) and/or the family a written report summarizing activities in which the child participated and reactions the child had during the respite stay.

- 1) Appointments may be provided in the family's home or a combination of home and office.
- 2) Services include providing any requested testimony and/or court appearance, including hearings and appeals, monthly written reports of home-based counseling services provided for each family, written reports for respite care provided, providing sign in sheets and topics for each support group.
- 3) Home-based and office-based counseling, respite care, and support group services must be provided within 10 working days of referral or within a time frame specified by the DCS at the time of referral.
- 4) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 5) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 6) Services will be arranged at the convenience of the family and to meet the specific needs of the family.

II. Target Population

Home-based and office-based services, support group services, and respite care are to be provided to the following:

- 1) Families and their foster/kinship children who are in the custody of the State of Indiana.
- 2) Families and their pre-adoptive children who are in the custody of the State of Indiana.
- 3) Families and their adoptive children who were formerly in the custody of the State of Indiana.

- 4) Families and their adoptive children who were formerly in the custody of another State or adopted from a foreign country. Families must provide a copy of their adoption papers and proof of the relationship with the other state or country.
- 5) Other adoptive families and their adoptive children. Families must provide a copy of their adoption papers.

III. Goals and Outcome Measures

Goal #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 10 days of the referral.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 97% of all families will have quarterly written summary reports prepared and sent to the referring worker.

Goal #2

Minimize the number of disrupted foster/kinship placements and reduce the number of disrupted pre-adoptive placements and post adoptive dissolutions.

Outcome Measure

- 1) 95% of pre/post adoptive parents will participate in services that they requested.
- 2) 95% of families and children experiencing problems will maintain their pre-adoptive placement.

Goal #3

Educate and support adoptive parents on issues related to abused and neglected children who are adopted.

Outcome Measure

- 1) 100% of adoptive families requesting services will participate in support group services and sign attendance sheets.

Goal #4

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications to provide home based counseling and support family services (these qualifications do not refer to respite services, as they are to be provided by licensed foster parents only):

Master's degree in social work, psychology, or marriage and family therapy holding a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor.

In addition to:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse/neglect.
- Knowledge of child and adult development.
- Knowledge of community resources.
- Ability to work as a team member
- Belief that clients can change their circumstances.
- Familiarity with the unique issues in adoption and their impact on families and children.

V. Billable Units

Face to face time with the client: *(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)*

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Support Group:

Includes prep time, notification of participants, speaker costs and mileage for the speaker not to exceed the State rate of \$.40.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.

- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a "No Show" must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) "No Shows" are to be billed per occurrence.

Respite Care

Actual cost

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

ADOPTION - STEP-PARENT ADOPTION STUDIES AND CUSTODY STUDIES

I. Service Definition

Step-parent adoption home studies and custody studies are required for the court to make decisions in these very important situations. These studies require information-gathering and evaluation of the family and home environment. Once the home environment and interview is completed with all family members involved, the worker must make a recommendation regarding the request based on the information gained to the Department of Child Services (DCS) who provides the information to the requesting court.

Information that must be collected and evaluated regarding the family and home environment includes some combination of many of the following areas:

- income/expense records
- family history
- education
- employment history
- history of arrests
- criminal history of adults
- CPS history of adults
- marital relationships
- parent/child/sibling relationships
- areas of tension/conflict
- extended family
- support systems
- stability of family
- interests/activities/hobbies
- adequacy of home
- safety issues in the home
- family health
- children's school performance
- children's desire related to the situation
- religious/spiritual orientation
- discipline methods
- expectations
- concerns
- references
- attitude of family
- adoption/fostering
- sibling relationships
- reasons for applying
- compliance with law/regulation/policy

In addition, step-parent adoption home studies and custody studies must:

- 1) Be provided in the family's home or combination office/home.
- 2) Include providing any requested testimony and/or court appearances (to include hearings or appeals).
- 3) Must be completed within 60 days of receipt of the referral or by a time frame specified by the DCS at the time of referral.
- 4) Must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 5) Must be provided at the convenience of the family.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Families and children for whom custody studies have been ordered by the court.

- 2) Families for whom a Report to the Court has been ordered by the court for a child(ren) whose adoption is being petitioned (step-parent, relative, or independent adoptions).

III. Goals and Outcome Measures

Goal #1

Assist the court in making determinations concerning custody/step-parent adoption as required by statutory law.

Outcome Measures

- 1) 95% of studies completed by DCS deadline within 60 days or unless otherwise specified.
- 2) 95% of studies completed by DCS instructions and accepted by them.

IV. Qualifications

Minimum Qualifications:

Bachelor's Degree in social work, psychology, sociology, or a directly related area and under the direct supervision of a person holding a Masters degree and a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker, 2) Clinical Social Worker, 3) Marriage and Family Therapist, or 4) Mental Health Counselor, and must also have at least one year experience in the provision of services to children who are or have been in the custody of the state in substitute care.

In addition to:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse/neglect.
- Knowledge of issues related to child custody.

V. Billable Units

Hourly rate up to 8 hours for Step-Parent Studies (*Funds received from the family for this study must be used to offset the use of federal funds for this service.*):

The hourly rate includes face to face contact with the identified client/family members and professional time involved preparing the report to court document. This rate also includes preparation for home visit and mileage not to exceed the State rate of \$.40.

Hourly rate up to up to 12 hours for Custody Studies (*Funds received from the family due to court ordered payment for this study must be used to offset the use of federal funds for this service.*):

The hourly rate includes face to face contact with the identified client/family members and professional time involved preparing the assessment report. This rate also includes collateral contacts that are needed on behalf of the child or family (such as gathering school or court records) and preparation for home visits, preparing the written assessment, court testimony if required, and mileage not to exceed the State rate of \$.40.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

- 1) Documentation of all contacts regarding family members included in the study.
- 2) Documentation includes completed step-parent adoption study or custody study in the DCS approved format.

VII. Service Access

Services must be accessed through a court order.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

ASSESSMENT- PARENTING / FAMILY FUNCTIONING

I. Services Description

Testing and Interviews Required

Parenting/family functioning assessment must include an interview with the adults and children being assessed in their current environment (such as: own home, relative's home, motel room, jail, etc.); completion by adults of standardized test(s) to include a parenting inventory (such as Parent-Child Relationship Inventory; Adult Adolescent Parenting Inventory-2; Family Assessment Device, Version 3; Family Assessment Measure Version III (FAM-III); and/or the Child Abuse Potential Inventory and /or another Standard Risk Assessment Instrument; observation of the parent(s) relationship with the child(ren); completion of an eco-map and/or genograms and a tour of the proposed home environment noting any needs or challenges.

If issues of substance abuse are prevalent during the investigation, a drug/alcohol assessment must also be completed which should include a clinical interview focusing on substance abuse issues and completion of the Substance Abuse Subtle Symptom Inventory (SASSI-3) or another substance abuse assessment tool.

Information needed

All parenting/family functioning assessments must include the following information:

- 1) identifying information of all relevant parties,
- 2) social history including parental family history,
- 3) the parent's strengths and needs,
- 4) the child(ren) strengths and needs,
- 5) any risks present in terms of parenting, current issues that jeopardize the child(ren) remaining in the home or returning home,
- 6) changes that need to be made for the child(ren) to safely reside with a designated parent or other adult. and
- 7) a description of the physical environment and an evaluation of its safety/adequacy.

Parenting assessments shall include two separate appointments held on different days scheduled at the convenience of the client (to include evenings and weekends).

Written Report

All written reports must include the recommendations regarding services/treatment at the beginning of the report followed by information relating to specific categories. The written assessment must be prepared to include the following:

- 1) identifying information,
- 2) history of significant events, medical history, history of the children (including educational history),
- 3) family socio-economic situation, including income information of the parents and child(ren)
- 4) family composition, structure, and relationships
- 5) family strengths and skills
- 6) family motivation for change
- 7) description of home environment,
- 8) summary of any testing completed,

- 9) summary of collateral contacts,
- 10) assessment of relationship between parent(s), and child(ren), and
- 11) assessor's assessment of the client's ability to safely parent the children.

If assessing parents in separate households, a separate written report must be provided on each parent. The report must also include current issues that jeopardize reunification with either parent if separate as well as a description of ongoing issues that need to be addressed even if the children remain in the home or are returned to the home.

If a substance abuse assessment was completed, the written report will also include the following:

- 1) results of the SASSI and any other diagnostic instruments used results and interpretations of the interview data including the DSM-IV diagnosis, and
- 2) recommendations for treatment needs.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has been initiated; or
- 2) Children and families who meet the requirements for CHINS 6 ("substantially endangers his own health or the health of another and needs care, treatment or rehabilitation that he is not receiving..."); or
- 3) Children and families who are currently in substitute care and who are in need of reunification/permanent placement services.
- 4) Children who have been legally adopted.
- 5) Children who are placed with a family for the purpose of legal adoption whose placement is at risk and who have not been legally adopted.

Probation youth are not excluded if they meet the criteria in number 2, 3, 4, or 5 above and provide the required case record documentation.

II. Goals and Outcomes

Goal #1

Timely receipt of report (service must commence within 3 working days of receipt of the referral)

Outcome Measures

- 1) 90% of the evaluation reports will be submitted to the referring DCS case manager within twelve (12) working days of the last appointment or testing completed with the client.

Goal #2

Obtain appropriate recommendations based on information provided.

Outcome Measure

- 1) 100% of reports will meet information requested by DCS.
- 2) 100% of reports will include recommendations for treatment, needed services or indicate no further need for services.

Goal #3

DCS and client satisfaction with service provided.

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

IV. Qualifications

- Master's degree in social work, counseling or psychology with at least three years experience providing services to families and children and a current license issued by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker, 2) Marriage and Family Therapist, or 3) Mental Health Counselor

V. Billable Units

Hourly rate:

The hourly rate includes face to face contact with the identified client/family members and professional time involved in scoring testing instruments and preparing the assessment report.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.

- 3) Wait time for a “No Show” must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) “No Shows” are to be billed per occurrence.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency; and
- 3) Completed report as requested.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

CHAFEE IL - CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

I. Service Description

The Chafee Foster Care Independence Program (CFCIP) provides independent living (IL) services that consists of a series of developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. Independent living services should be seen as a service to young people that will help them transition to adulthood, regardless of whether they end up on their own, are adopted, or live in another permanent living arrangement. IL services should be based on the independent living assessment following the youth's referral for services. Youth receiving IL services must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences/failures.

Services should be provided according to the developmental needs and differing stages of independence of the youth but should not be seen as a single event, or as being provided in a substitute care setting, but rather as a series of activities designed over time to support the youth in attaining a level of self sufficiency that allows for a productive adult life. Services should address all of the preparatory requirements for independent adulthood and recognize the evolving and changing developmental needs of the adolescent.

Youth, ages 16 and 18, will receive services that include individual guidance, case management, and soft skill independent living services as reflected in the independent living assessment. Youth will be provided with transitional living services when they are within one year of their case being dismissed due to aging out of foster care. This may begin at age 17 or older, depending on the youth's plan and expected time in care. In addition to the independent living assessment, services include counseling, tutoring, mentoring, education, housing, health care, drivers education, self-esteem building, life interest explorations, money management and budgeting, and personal relationship education.

Youth ages **18-20** who have not reached their twenty first birthday and who have left foster care will be offered guidance on financial issues, assessment services, housing, health care, counseling, employment, education opportunities and other support services that are unique for the development of self-sufficiency. Youth leaving foster care or former foster youth requesting CFCIP independent living services must participate on a voluntary basis and sign an agreement with the service provider for case management services. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth's contribution. The youth must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences and failures. In addition, the independent living plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.

Independent Living Programs are designed to assist young people by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order to enhance self-sufficiency. Services must allow the youth to develop skills based on experiential learning and include the following based on the youth's needs as identified through the Independent Living assessment:

Assessment

The independent living assessment must include a comprehensive, written assessment of the youth strengths as well as areas of improvement. The Ansell-Casey Life Skills Assessment (ACLSA) at www.caseylifeskills.org is the only assessment tool approved for use.

Mentoring

Service providers will provide mentoring services that appropriately match youth by age 17 with screened and trained adults through an existing mentoring program for one-to-one relationships or ensure that the youth can identify a volunteer mentor of their own choosing and monitor that the relationship exists and the mentor is committed to maintaining a mentoring relationship with the youth. All mentors must be screened by conducting CPS and criminal background check and ensuring that the mentor has a valid IN driver's license and minimum insurance. Mentoring may include:

- One-on-one guidance, support and encouragement within a structured, formal program.
- Meeting on a regular basis as fits the schedule of the mentor and the youth.
- Listening, coaching, educating, sponsoring, encouraging, counseling, and role modeling.
- Developing a relationship with the youth by a caring, committed adult.
- Guiding youth in the use of free or leisure time by sharing their own interests and encouraging the young person to do the same.
- Assist the youth regarding faith-based activities, music, art, cultural support, use of the public library and participation in civic service and community activities.

Educational Services

Service providers will provide or monitor that the youth receives educational services that include:

- Coordination with the youth's school on their Individual Education Plan (IEP)/Individual Transition Plan (ITP) for youth in special education.
- Providing tutoring support as needed and assistance with GED preparation if applicable.
- Assistance with locating driver's education training.
- Assistance in exploring career options, Job Corps, AmeriCorps, Vista, and the Armed Forces.
- Assistance with transportation to College Goal Sunday program to assist the youth in understanding the financial aid process.
- Assistance with application of the Free Application for Financial Student Aid (FAFSA) and gathering needed documents.
- Assistance in the search for scholarships at the website of the State Student Assistance Commission of Indiana (www.in.gov/ssaci) as well as other websites and assist in the completion the required forms as well as gathering needed documents.
- Assistance with obtaining information on colleges or universities, including cost, by logging into the Department of Education's website www.nces.ed.gov. Additional information for Indiana schools and specialized vocational training programs may be found on the Education and Training Voucher (ETV) (www.statevoucher.org).
- Assistance in applying for the ETV program funds on the ETV website (www.statevoucher.org), if eligible, for secondary education opportunities.

Vocational and Employment Services

Service providers will provide vocational and employment services, either directly or by referral that include:

- Transport the youth to the local Work One Center and assist the youth in requesting aptitude testing and resume writing.
- Assist the youth in obtaining job services through the Work One Center and explore possible intern positions through this program.
- Assist the youth in exploring and applying for volunteer opportunities in the community.

- Assist the youth in obtaining and completing job applications and provide opportunities for the youth to practice interviewing for different types of employment.
- Training related to employment such as appropriate dress, expected work behavior, anger management, arrival at work and returning from breaks on time, and other issues related to maintaining employment.
- Assist the youth in the use of all available community employment and training resources including on the job training, job coach if eligible for service, and helping the young person access them.
- Developing job leads in the private sector and working with employers who may employ young people, including internships, job mentoring, apprenticeship, summer employment programs and other supportive services.
- Assistance with the application process for youth possibly eligible for social security benefits.

Health Services

Service providers will provide or advocate for health services to the youth that include:

- Assist the youth in obtaining their Medical Passport and ensuring that it contains current information related to their family health history, immunizations, operations, and childhood illnesses and includes the names of the youth's medical, mental health, and dental providers and their contact information.
- Transport the youth to visit the local Community Health Clinic, Mental Health Clinic, hospital emergency room, and urgent care facilities to familiarize the youth with the location of these facilities, services available and how to access services when needed.
- Provide age-appropriate education regarding basic hygiene and nutrition, medical and dental care, substance abuse prevention/intervention, pregnancy prevention, teen parenting education, and sexually transmitted diseases and HIV prevention.
- Provide assistance with accessing formal individual and group counseling, including crisis counseling and family therapy.
- Provide assistance with applying for Medicaid, State alternative, or other insurance coverage for the youth and their children when applicable.

Housing Services

Service providers will provide housing services that includes the following:

- Arrange an interview and visit with apartment complex managers to allow the youth to understand the leasing process and view apartments in more than one location.
- Assist the youth in developing a budget to determine the amount of rent they are able to pay based on their income and other expenses.
- Provide education on tenant rights and responsibilities and the importance of following rules and regulation policies of the apartment complex or landlord.
- Assist the youth in obtaining their free annual credit report from all three agencies (www.ftc.gov/bcp/conline/pubs/credit/freereports.htm) to ensure their credit will not be an obstacle to renting.
- Explore with the youth the option of other housing arrangements such as host home with their current or former foster parents or relatives, not to include legal or biological parents, and shared housing with other foster youth.
- Arrange a visit with the youth to utility companies (electric, gas, water, phone) to gather information regarding the requirements of the company related to hook up charges, deposits, and the monthly cost of services.
- Arrange visits with the local homeless shelters, mental health day shelters, food pantries, and other services that are available in the event that the youth may ever become homeless.
- Provide education on the purpose of credit, the use of credit, maintaining good credit, and how credit can affects every facet of their adult lives.

Life Skills and Social Skills Services

Service providers will provide life and social skills training that include:

- Ansell-Casey Life Skills Assessment (ACLSA) with the youth and their caregiver to identify the youth's strengths and needs.
- A written plan, which is strengths-based, developmentally appropriate, based on the ACLSA which involves the youth and significant persons in its development and builds on the young person's positive behaviors and personal strengths.
- Information regarding public assistance that is available for eligible applicants through the State such as TANF and food stamps, local food pantries, and township trustees.
- Opportunities to interact with other foster youth in small and large groups in learning activities related to independent living.
- Experiential learning opportunities in the areas of problem-solving, time management, conflict resolution, stress management, communication skills, interpersonal skills, community resources, support systems, goal-setting, locating businesses or services in the yellow pages, knowledge and use of city, street, and state maps, etc.
- Accompany the youth on trips to different locations using the public transportation system, assist in purchasing tokens and taking dry runs to locations that the youth will need to go to reduce the unknown factor and determine the time needed to reach the destination.
- Assist the youth in making arrangements for taxi service or other arrangements to an appointment when public transportation is not available.
- Financial training including developing a budget, banking, the use of money orders, use of credit, cost of rent-to-own versus purchasing. Arrange a visit to a bank to gather information on checking and saving accounts and how to open and maintain the account.
- Take the youth shopping for personal care items, cleaning supplies, and food items to learn the costs to assist in developing a budget for these items.
- Assist the youth in planning a menu, purchasing the food, and a preparing meal.
- Take the youth to the Laundromat with their own soiled laundry and assist in the use of the facilities, supplies needed, money required for wash and dry loads, and time involved in this endeavor.
- Assist the youth in obtaining an original birth certificate, social security card, credit history, medical and mental health records, and school records for their own files.
- Assist the youth in obtaining a State ID card.
- Assist the youth in maintaining a life book that includes their birth certificate, social security records, court orders relating to their CHINS or probation case, high school activities, family information including names of family members and location, placement information, photos of friends and school activities, and other information important to the youth.

Youth Development

Service providers will provide opportunities for social, cultural, recreational, and/or spiritual activities that:

- Are designed to expand the range of life experiences and are sensitive to the cultural needs of youth and youth with special needs.
- Form meaningful and growth-producing adult relationships with families, peers, and other persons, and assist the youth in managing relationships with family, peers, and significant others.
- Introduce various available recreational and social activities for leisure time.
- Offer experiential learning in communication skills and conflict resolution management.
- Introduces the youth to volunteer activities in the community.
- Allow for participation in youth conferences and other developmental opportunities, which include leadership activities.
- Encourage participation in the Youth Advisory Boards.

II. Target Population

Eligibility for case management services:

- 1) Youth ages 16-21 who are in foster care for a period of 6 months as a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 2) Youth ages 16-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 that were returned to their own homes and remain a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 3) Youth ages 16-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving independent living services prior to the dismissal of their case.
- 4) Youth age 18 to 21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 under the supervision of the DCS and had a case plan establishing the need for independent living services.
- 5) Youth who are 18-21 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children there is a verification of wardship and all eligibility criteria from the state of jurisdiction.

Youth who turn 18 in foster care are exempt from the 6 month requirement indicated in the target population. For probation youth adjudicated a delinquent, the county of residence must have an interagency agreement between the court and DCS relating responsibilities of each party for meeting all state and federal mandates.

Eligibility for Room and Board assistance:

Foster youth must have turned 18 years of age while in foster care*. This includes:

- 1) Youth who move directly from foster care into their own housing at age 18 up to age 21.
- 2) Youth who leave care voluntarily at age 18 without accepting assistance but return prior to turning age 21.
- 3) Youth ages 18-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving independent living services prior to the dismissal of their case.

**Foster care is defined as 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.*

Room and board expenses are considered as rent deposits and payments and utility deposits and payments. These funds are contingent upon availability. Room and board payments include a maximum of \$3,750 for assistance through age 21. Youth may access this assistance as long as they continue to participate in case management services and participate in a full time schedule of work, or part time work and part time school, until the \$3,750 limit is exhausted. The \$3,750 cap includes the required match. While receiving these funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the second month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. In cases where the youth is unable to accept full responsibility for their rent in the sixth month, approval must be received from the State IL Coordinator to allow payment beyond the fifth month. Requests for an extension of this capped

amount will be considered on a case-by-case basis by DCS central office staff only, based on availability of funds.

Room and Board payments will only be made through a contracted service provider who is providing independent living case management services to the youth. Youth may not access housing assistance from both the Chafee room and board funds and the Education and Voucher Program (ETV) at the same time. Those attending school full time or part time should access the ETV Program at www.statevoucher.org for education assistance. If ETV funds are being provided, required housing assistance must be accessed through this program.

Housing Options:

Potential housing options may include host homes with foster families or relatives, youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.

III. Goals and Outcome Measures

Goal#1

Timely provision of services for the youth and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all youth that are referred will have face-to-face contact with the provider within 10 days of the referral.
- 2) 95% of youth will have an ACLSA completed within 30 days of referral and a written treatment plan prepared with the youth and referring FCM within 30 days of completion of the assessment.
- 4) 97% of all youth will have monthly written summary reports prepared and sent to the referring worker.

Goal #2

Ensure that all youth have a mentor.

Outcome Measures

- 1) 100% of youth age 17 and older being provided services will have a self-chosen mentor or will be assigned a mentor within 60 days of the beginning of services.

Goal #3

Increase the percentage of youth who have a safe and stable place to live.

Outcome Measures

- 1) 90% of youth receiving room and board assistance will have safe stable housing within 6 months of the provision of services.

Goal #4

Increase the percentage of youth who receive services that assist in developing independence.

Outcome Measures

- 1) 95% of youth participating in voluntary services will be able to meet their living expenses within 6 months of the provision of services.
- 2) 95% of youth participating in services will attain education whether academic or vocational.
- 3) 95% of youth participating in services will not be involved in high risk behaviors.
- 4) 100% of youth will have contact information related to their dental, physical and mental health service providers.
- 5) 100% of youth leaving care will have their birth certificate, social security card, medical records, and educational records or will obtain them within six months of beginning voluntary services.

Goal #5

DCS and youth satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the youth who have participated will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:

Bachelor's degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person with a Masters degree in Social Work, Psychology, Sociology, or a directly related field. Must have and provide proof of a valid driver's license and minimum car insurance coverage.

Minimum qualifications for Mentors:

- 1) Must have and provide proof of a valid driver's license and minimum car insurance coverage.
- 2) Must have a high school diploma or GED and a general interest in helping transitioning youth.

Monitoring of mentors must be provided by persons with a Bachelor's Degree in Social Work or another human service field and no less than three (3) years of successful experience in providing in-home and /or center based services.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/youth during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client/youth.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/youth. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court

testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

Includes travel time with the client/youth and is factored door to door from the service provider's home or the agency's office, whichever is closest to the client/youth. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS. Travel time is to include only travel to and from the client/youth's home, to and from case conferences, court, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the client/youth for which the client/youth does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a "No Show" must be no less than 15 minutes. A note must be left to inform the client/youth that a contact attempt was made.
- 4) "No Shows" are to be billed per occurrence.

Room and Board:

Dollar for dollar cost of rental deposit and rent payments and utility deposits and utility payments.

Educational Groups:

Group rate for youth referred for case management services including up to 12 participants. Siblings may participate in the same group.

Incentives provided to youth:

Incentives may be provided to youth for participation in specific services that will benefit the youth. Dollar for dollar amount.

Emancipation Goods and Services not to exceed \$1000 (unless approved by the state IL Coordinator):

Goods and services required to expedite permanency for youth aging out of the system as approved by the local office on a dollar for dollar basis. The approved form must be used to request needed funding for youth. The signature of the DCS Director or designee on the approved form provides approval for expenditure of the funds as does the emailed form with the email cover sheet attached to the form that was received from the DCS Director or designee.

Note: This expenditure must be determined based on the specific needs of each youth, not on the amount available.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility for CHINS and probation youth must include:

- 1) Case Plan indicating the need for independent living services;
- 2) Initial Ansell-Casey Life Skills Assessment and ongoing assessments every six months of during the service provision period;

- 3) Documentation of regular contact with the referred youth and the DCS;
- 4) Monthly written reports, or more frequently if requested, regarding the progress of the youth provided to the referring agency, and
- 5) A Chafee Supplement report at 6 months of service and case dismissal.

Necessary case record documentation for service eligibility for youth over the age of 18 receiving voluntary services after dismissal of their CHINS and probation case must include:

- 1) DCS referral form;
- 2) Signed Voluntary Services Form which includes the service plan;
- 3) Documentation of regular contact with the referred youth and Voluntary Services Caseworker;
- 4) Monthly written reports regarding the progress of the youth provided to the Voluntary Services Caseworker; and
- 5) A Chafee Supplement (www.chafee.org) report at 6 months of service and case dismissal.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid until the youth's until the youth case is dismissed. Providers must initiate a reauthorization for services to continue beyond the approved period. Referrals for youth whose case has been dismissed are valid through the youth's 21st birthday.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

CHAFEE IL –VOLUNTARY SERVICES CASEWORKER

I. Service Description

The Chafee Foster Care Independence Program (CFCIP) Voluntary Services Coordinator (CFCIP-VSC) will be responsible for all voluntary service cases of youth that age out of foster care and youth previously in foster care between the ages of 18 and 21 that return to the local office seeking assistance including youth who were adopted and meet the criteria in the target population. The CFCIP-VSC will have access to Indiana Child Welfare Information System (ICWIS) specific to the needs of the IL service cases that are opened and maintained. Access will be provided to the CFCIP-VSC as a contracted worker in the counties where cases are assigned.

The CFCIP-VSC will develop a directory of all social service agencies in each county being served. The county Public Assistance and Impact units in the local Department of Family Resources offices may be able to assist with information to include in the directory. The comprehensive directory will be made available to each youth at the discharge interview.

The CFCIP-VSC will be responsible for ensuring that the contracted IL service provider conducts an IL assessment and with the youth and develops a service plan to provide services as directed by the assessment. Follow up meetings, conferences, email or phone contact will be conducted with the youth and IL service provider to ensure that progress is being made or that adjustments to the service plan are made if needed.

- 1) Upon receiving a request for services, the CFCIP-VSC determine eligibility with the assistance of the State IL Coordinator, assess the immediate needs of the youth and begin the referral process to the IL service provider and other services as required.
- 2) Maintain consistent contact with IL service providers to collect information related to youth being served and to ensure that youth being served are participating in services.
- 3) The CFCIP-VSC will open a service case in ICWIS on each youth being provided services through the Chafee Foster Care Independence Program (CFCIP). The IL assessment as well as all services being provided to the youth will be entered into the IL module in ICWIS.
- 4) A paper case file will be developed on each youth being served that will include a paper copy of the youth's IL assessment, monthly progress reports from the IL service provider, and a paper copy of the post-discharge summary. The CFCIP-VSC will maintain logs in ICWIS related to contacts that are made with community resources, the youth, and others involved in assisting the youth.
- 5) Schedule quarterly meetings with the youth and IL service provider to determine progress on goals and to make any needed adjustments to the IL plan.
- 6) A post-discharge summary will be completed in ICWIS with each youth when they complete their service program voluntarily discontinue receiving services, or reaches the age of 21 with the youth and in ICWIS.
- 7) Serve as a liaison between the Department of Child Services, the youth, and the contracted IL service provider and community agencies.
- 8) Search for former foster youth from the list provided from ICWIS who have left foster care at the age of 18 to inform them of the availability of services. Attempt contact in writing or by phone thorough their last known address, former placement, or family members.

- 9) An annual report must be provided to the Department of Child Services regarding all youth referred in which the youth followed through and services were provided. The format for this report will be provided.
- 10) Attend meetings as requested related to the VSC position not to exceed six (6) meetings per contracted year.
- 11) Other duties as requested and presented in writing related to youth eligible for Chafee services whether CHINS, Probation youth, or former CHINS or Probation youth.

II. Target Population

- 1) Youth ages 18-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving independent living services prior to the dismissal of their case.
- 2) Youth age 18 to 21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 under the supervision of the DCS and had a case plan establishing the need for independent living services.
- 3) Youth who are 18-21 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children there is a verification of wardship and all eligibility criteria from the state of jurisdiction.

III. Goals and Outcome Measures

Goal #1

Ensure that all youth eligible are given the opportunity to participate in IL services voluntarily after they are no longer under the jurisdiction of the juvenile court.

Outcome Measures

- 1) 100% of former foster youth who are located are provided with eligibility and referral information regarding voluntary Chafee services.
- 2) 100% of youth requesting Chafee services have eligibility determined and are referred to the appropriate contracted service provider within 14 days.

Goal #2

Reduce homelessness of foster youth who age out of care.

Outcome Measures

- 1) 80% of eligible youth participating in Chafee services have resources to meet their living expenses.
- 2) 100% of the eligible youth requesting room and board funds have a signed referral to a service agency that can provide room and board funding within 30 days.

Goal #3

DCS and youth satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the youth who have participated will rate the services “satisfactory” or above.

IV. Qualifications

Bachelor’s degree in social work/education or related field with experience in working with at-risk youth and social services and under the direct weekly supervision of a person with a Masters degree in Social Work, Psychology, Sociology, or a directly related field.

In addition, the VSC must:

- Must demonstrate an awareness and sensitivity to issues of confidentiality as it relates to the program. Ability to maintain strict confidentiality of all DFC records and information.
- Patience and understanding of the youth's ability and developmental disability or mental illness.
- Must demonstrate dependability.
- Competency in reading and language usage.
- Professional presentation.
- Demonstrate flexibility and the ability to work with constant change.
- Ability to effectively communicate orally and in writing with other agencies and various staff, including being sensitive to professional ethics, gender, cultural diversities, and disabilities.
- Ability to work alone with minimum supervision in addition to working well with others in a team environment.
- Possess and be able to demonstrate adequate computer skills.
- Must be a self-starter with the ability to plan work assignments.
- Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

V. Billable Units

Hourly rate:

Per clock hour of the CFCIP Voluntary Services Worker time during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage, scheduling of appointments, and report writing are included in this billable unit.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

VI. Case Record Documentation

- 1) Case plan indicating Independent Living as a case plan goal;
- 2) Copy of the initial completed Ansell-Casey Life Skills Assessment tool and ongoing assessments every six months of service provision;
- 3) Monthly progress reports from the IL service provider;
- 4) Paper copy of the post-discharge summary from the service provide; and
- 5) Copy of Chafee Assessment report at 6 months of service and dismissal from services.

VII. Service Access

VSC services are provided based on information provided by county DCS offices or Chafee IL contracted service providers for eligible youth. Assistance regarding eligibility is available from the State IL Coordinator. There is no referral form for this service.



SERVICE STANDARDS

CHAFEE IL – YOUTH ADVISORY BOARD

I. Service Description

Youth Advisory Boards (YAB) will be maintained in 10 locations across the state in the following counties: Lake, St. Joseph, Allen, Tippecanoe, Delaware, Marion, Vigo, Bartholomew, Vanderburgh, and Harrison. Youth may participate in the board that is in close proximity to their place of residence.

YABs are designed to give youth ages 16-21, the opportunity to practice leadership skills and learn to be advocates for themselves and others through the guidance of contracted IL service providers who serve as adult role models through the YAB development process. Enhancing partnerships between and youth and adults will be a direct result of a successful board. The goal(s) of YAB's are to provide an avenue whereby youth in care can inform DCS staff, placement facilities, foster parents, and policy makers on the issues that impact teens and young adults in the foster care system. Fostering YAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they navigate the YAB process. This program will also assist with preparing youth as they transition from adolescence to adulthood by recognizing and accepting personal responsibility. The regional boards will collaborate annually with the contracted agency developing the State IL Youth Conferences to review and discuss topics of interest and provide input into the conference session and activities. The YAB members will provide assistance to the contracted agency during the conferences in areas of interest and proficiency.

The youth will be involved in design and implementation of independent living services and programs. They will be involved in decision making, shaping policy and monitoring implementation of services for young people as well as serving as advisors to provide feedback to program administrators, legislators and other involved in providing youth services. The youth will provide broad consultation to state child welfare administrators in the long-term implementation of the state plans and represent the voices of foster youth across Indiana.

Childcare must be available for any participating youth board member that requires assistance. Financial stipends of \$25 will be provided to each youth board member. The stipend will be consistent across all Boards and distributed to the youth by the service provider at the close of each meeting.

The contracted service provider will recruit members by requesting referrals from the DCS offices in their service area, residential facilities, group homes, and contracted IL service providers throughout the state. Each office of the DCS will identify potential members and provide the names to the State Independent Living Coordinator for distribution to service providers in each area.

Youth Advisory Board Meetings will be held every other month for a minimum of two hours including face-to-face contact with the youth board member. The contracting agencies will providing mailings to all youth members reminding them of meetings and arrange for transportation for each youth to attend the meetings. Quarterly meetings will be held between the regional Youth Advisory Boards and the State Independent Living Coordinator to discuss issues that each board has on the agenda and to provide assistance as needed to reach their stated goals.

The board members will design their mission statement, develop group guidelines, and develop meeting agendas.

It is expected that participation on the Youth Advisory Boards will:

- Balance youth need for support and empowerment
- Accommodate a broad range (type, intensity) of youth participation
- Demonstrate clear, concrete, sincere appreciation of youth contributions
- Provides preparation to assist youth in assuming roles traditionally reserved for adults for which they have no prior experience such as advocating for needs of youth in foster care, developing a “youth in foster care” handbook, developing a speakers group to educate community organizations on the needs of youth in foster care, serve as presenters at the annual State Youth Conference or other state conferences by invitation, etc.
- Encourage participation in annual Mayor’s conferences, annual child welfare conferences such as: IFCAA Conference, IARCAA Conference, Adoption Forum, Juvenile Judges Symposium and other educational forums.
- Allow for consistent opportunities to give structured feedback regarding the quantity and quality of services and supports provided to them in care and after they have aged out.
- Facilitate development of personal responsibility by ensuring that young people participate in the planning and implementation of services at the individual level.
- Initiative opportunities for youth leadership and service development.
- Develop coordination with the Workforce Investment Act Youth Councils.
- Provide an opportunity to learn from youth what is really important to them.
- Improve the quality of Independent Living services by obtaining direct input and feedback from youth members that are receiving services.
- Assist with the opportunity to develop or change public policy to improve lives of individuals and families involved in the system.

Sign-in sheets will be maintained for each meeting and completed by the youth participants including their name, date of birth, contact phone number, and address. The agenda for each meeting and minutes of the previous meeting will be provided to each board member prior to a scheduled board meeting.

II. Target Population

- 1) Youth ages 16-21 who are in foster care for a period of 6 months as a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 2) Youth ages 16-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 that were returned to their own homes and remain a CHINS or adjudicated a delinquent with a case plan establishing the need for independent living services.
- 3) Youth ages 16-21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving independent living services prior to the dismissal of their case.
- 4) Youth age 18 to 21 who were formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18 under the supervision of the DCS and had a case plan establishing the need for independent living services.
- 5) Youth who are 18-21 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children there is a verification of wardship and all eligibility criteria from the state of jurisdiction.

III. Goals and Outcome Measures

Goal #1

Youth development

Outcome Measures

- 1) 95% of the youth participating will attend and actively participate in programming related to their experiences and needs.
- 2) 95% of the youth participating will demonstrate the ability to discuss openly their needs and concerns regarding their future.
- 3) 100% of the youth participating will be invited to participate in developing public policy to improve their future as adults.
- 4) 100% of the youth participating be invited to participate in the planning process of the State IL Conferences and assist in activities during to the conferences.

Goal #2

DCS and youth satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the youth who have participated will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications:

- The agency providing Youth Advisory Board services must have experience working with youth ages 16 to 21.
- Personnel providing Youth Advisory Board services as a facilitator must hold a Master’s degree in social work or a comparable human service field and have experience in case work and group work.
- Personnel providing assistance to the facilitator regarding transportation must have and provide proof of a valid driver’s license and minimum car insurance coverage.

V. Billing Units

Youth Advisory Board Meetings as documented by meeting minutes, agendas, and attendance sheets and a detailed monthly statement of YAB Coordinator’s activities; with completed and signed referrals on each YAB member sent to the Indiana Independent Living Initiative. The billing unit per meeting or activity includes:

- 1) face to face time with the youths involved on the YAB
- 2) preparation time for meetings
- 3) transportation for youth
- 4) travel time for staff transporting youth
- 5) stipends provided to youth for meeting attendance
- 6) childcare if applicable
- 7) items related to activities being provided for youth
- 8) fees and expenses necessary for the attendance of youth at conferences or other youth related activities
- 9) refreshments for meetings

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility for CHINS and probation youth must include:

- 1) Written reports following each meeting that is held with the youth.
- 2) Sign in sheets from each meeting that is held with the youth.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid until the youth's 21st birthday.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

CHINS PARENT SUPPORT SERVICES

I. Service Description

The CHINS Parent Support Worker (CPSW) will provide support services to parents who have children in foster care, parents whose children were previously in foster care and remain a CHINS, and families who have a substantiated abuse and neglect allegation. The CPSW will assist families in strengthening the relationship with their children and promoting positive relationships between the families and the local DCS family case managers and others involved in their children's case. The CPSW may be contracted to provide services on a part time or full time basis depending on the needs of the county.

The CPSW will facilitate a monthly/bi-monthly support group for parents to allow group discussion regarding concerns related to their children and assist in maintaining and strengthening the skills of participating families. Individual family support may be provided for those families who are unable to function appropriately or understand the material in the group setting. Family support group meetings must provide:

- 1) information regarding the CHINS legal process including court hearings, parental participation requirements, court ordered services, visitation with the children, reimbursement of cost for services, and other aspects related to the legal process;
- 2) the expectations of the family related to participation in court ordered services and visitation with the children, attendance at court, appropriate dress for court, and other aspects related to the legal process;
- 3) information regarding the parent's rights and the CHINS proceedings, the length of time children may be in care prior to a permanency hearing, and termination of parental rights;
- 4) role of the Court Appointed Special Advocate or Guardian ad Litem,
- 5) interactive activities including pre and post tests related to the CHINS process, parents rights, parental participation, reimbursement for cost of services, permanency, termination of parental rights and other issues related to CHINS case to assist in the learning process and to ensure that learning is taking place,
- 6) an informal environment for parents to discuss issues that brought them to the attention of the DCS and develop suggestions that may assist in resolving these issues as a group, and
- 7) educational programs using speakers recruited from the local professional community to assist and educate the families in areas such as:
 - abuse and neglect,
 - increasing parenting skills,
 - substance abuse,
 - anger management,
 - advocacy with public agencies including the children's schools, and
 - other issues of interest to the parents related to their needs and the needs of their children.

II. Target Population

- 1) Parents who have substantiated allegations of abuse and neglect.
- 2) Parents who have children in foster care or previously in foster care.

III. Goals and Outcome Measures

Goal #1

Educate parents regarding CHINS process and expectations of the parents involved.

Outcome Measures

- 1) 90% of parents participating can verbalize their rights and expectations related to the CHINS proceedings.

Goal #2

Develop an environment where families believe they are being heard.

Outcome Measures

- 1) 90% of families participating verbalize their ability to provide input and make recommendations at the meetings.

Goal #3

DCS and family satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of the families who have participated in Family Support Services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:

- Bachelor's Degree in Social Work or related field, or
- Former Family Case Manager who worked at least one year prior to ending employment with the DCS, or
- Person who has worked or volunteered for at least 5 years in a relationship with CHINS families through other venues such as counseling foster children, providing family preservation services that interacted with CHINS families, CASA, etc.

The CPSW must:

- Possess clear oral and written communication skills
- Possess the ability to play the role of a mediator when necessary
- Possess the ability to confront in a positive manner and provide constructive criticism when necessary
- Demonstrate insight into human behavior
- Demonstrate emotional maturity and exercise sound judgment
- Be non-judgmental
- Be a self starter
- Have strong organizational skills
- Must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

V. Billing Units

Group rate:

Groups are defined as a minimum of three (3) with no more than twelve 12 participants. The rate must include preparation time, report writing, contacting families, and face to face contact in group with participating families.

Hourly rate:

Includes client specific face-to-face contact with the identified client/family in situations when the family is unable to function appropriately or understand the material in the group setting, contacting the family, mileage not to exceed the State rate of \$.40 per mile, preparation time, report writing, and scheduling of appointments.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time for individual services (does not include groups):

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show for individual services (does not include groups):

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client.

VI. Case Record Documentation

- 1) Support meeting sign in sheets;
- 2) Logs including individual contacts with families related to family needs and support group meetings; and
- 3) Monthly reports regarding work with families that is provided to the DCS.

VII. Service Access

Service can only be accessed by families as identified by the DCS either verbally or in written form. Any verbal recommendation from the DCS must be documented in writing by the service provider with the date of referral and name of DCS staff person making the referral.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

COUNSELING - INDIVIDUAL/FAMILY

I. Service Description

Provision of structured, goal-oriented therapy on the issues related to the referral for family members who need assistance recovering from physical abuse, sexual abuse, emotional abuse, or neglect. Other issues, including substance abuse, dysfunctional families of origin, etc., may be addressed in the course of treating the abuse or neglect.

Professional staff provides individual, group, and/or family counseling with emphasis on one or more of the following areas:

- Conflict resolution
- Behaviors modification
- Support Systems
- Interpersonal Relationships
- Communication Skills
- Substance Abuse
- Parenting Skills
- Problem solving
- Stress Management
- Self-Esteem
- Goal-setting
- Domestic Violence Issues
- School Problems
- Family of origin/inter-generational issues

- 1) Services are provided at a specified (regularly scheduled) time for a limited amount of time.
- 2) Services are provided face-to-face in the counselor's office.
- 3) Services must be compatible with the established Department of Child Services (DCS) Service Referral Agreement, Informal Adjustment, or a CHINS Case Plan.
- 4) Counselor must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 5) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 6) Services include providing any requested testimony and/or court appearances including hearing and/or appeals.
- 7) Services must be provided at a time convenient for the family.
- 8) Services will be time-limited with a recommended maximum of six (6) months.
- 9) Written reports will be submitted monthly to provide updates on progress and recommendation for continuation or discontinuation of treatment.

II. Target Population

Services must be restricted to the following categories:

- 1) Children and families for whom a Child Protection Service investigation has been initiated; or
- 2) Children and families who meet the requirements for CHINS 6 ("substantially endangers the child's own health or the health of another needs care, treatment or rehabilitation that the child is not receiving..."); or
- 3) Children and families who are currently in substitute care and who are in need of reunification/permanent placement services; or
- 4) Children who have been legally adopted.
- 5) Families receiving services through the local office of family and children could be served through this program such as a Service Referral Agreement, or Informal Adjustment.

Probation youth are not excluded if they meet the criteria in number 2, 3, or 4 above and provide the required case record documentation.

III. Goals and Outcome Measures

Goal #1

Assessment/Treatment initiated quickly after referral

Outcome Measures

- 1) 85% of clients referred for treatment will have an appointment take place within 12 business days of the receipt of the referral.
- 2) 95% of clients referred will have a treatment plan in place within 30 days of initial appointment.

Goal #2

Timely reports regarding progress

Outcome Measures

- 1) 100% of all progress reports will be submitted monthly or as requested by the referring DCS.

Goal #3

Development of positive means of managing crisis.

Outcome Measures

- 1) 90% of the individuals/families served will not be the subjects of a new investigation resulting in the assignment of a status of "substantiated" or "indicated" abuse or neglect throughout the service provision period.
- 2) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.

Goal #3

DCS and client satisfaction with service provided.

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

IV. Qualifications

Minimum Qualifications:

Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor.

In addition to:

- Knowledge of child abuse/neglect and child and adult development.
- Knowledge of community resources.
- Ability to work as a team member.
- Belief in helping clients change their circumstances, not just adapt to them.
- Belief in the family preservation philosophy.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

Per person per group hour

When DCS clients are referred to groups where most of the clients are non-DCS referrals. This is available when the nature of the group or the geographic location does not support a group composed of primarily DCS clients.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

DIAGNOSTIC AND EVALUATION SERVICES

I. Services Description

Diagnostic and assessment services will be provided as requested by the DCS for parents, other family members, and children due to the intervention of Child Protective Services because of alleged physical, sexual, or emotional abuse or neglect and/or the removal of children from the care and control of their parents. Required information will be included in the referral form from the DCS identifying the reason for involvement with the family and specific information needed in order to assist the family in remedying the problems that brought the family to the attention of child protective services. Requested services may include: psychological evaluation, drug/alcohol testing, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), or other testing instruments.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has been initiated;
or
- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers his own health or the health of another and needs care, treatment or rehabilitation that he is not receiving...”); or
- 3) Children and families who are currently in substitute care and who are in need of reunification/permanent placement services.
- 4) Children who have been legally adopted.
- 5) Children who are placed with a family for the purpose of legal adoption whose placement is at risk and who have not been legally adopted.

Probation youth are not excluded if they meet the criteria in number 2, 3, 4, or 5 above and provide the required case record documentation.

III. Goals and Outcomes

Goal #1

Timely receipt of evaluations.

Outcome Measure

- 1) 90% of the evaluation reports will be submitted to the referring DCS case manager within twenty one (21) days of the last appointment or testing completed with the client.

Goal #2

Obtain appropriate recommendations based on information provided.

Outcome Measure

- 1) 100% of reports will meet information requested by DCS.
- 2) 100% of reports will include recommendations for treatment, needed services or indicate no further need for services.

Goal #3

Client satisfaction with service provided.

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

IV. Qualifications

- Doctorate in social work or psychology or
- Master's degree in social work, counseling or psychology with at least three years experience providing services to families and children and a current license issued by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker, 2) Marriage and Family Therapist, or 3) Mental Health Counselor

V. Billable Units

Hourly rate:

The hourly rate includes face to face contact with the identified client/family members and professional time involved in scoring testing instruments and preparing the assessment report.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form and/or correspondence requesting services;
- 2) Documentation of contact with the referred families/children and referring agency; and
- 3) Completed report as requested.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

FAMILY CASE CONFERENCING

I. Service Definition

Case conference facilitation provides an atmosphere without bias for or against any view being presented. This neutrality helps the parties to understand one another better, determine available options and to reach a mutually agreeable solution to move the case forward. Facilitating a conference is not about being “right” or pointing out who is “wrong”; it is to provide a neutral person to facilitate the discussion and keep it on track. Facilitation allows for informed, open communication, collaboration, and cooperation between parties.

Child and family team meetings are family-centered, solution-based services that consist of structured, facilitated meetings bringing family members together so that, with the support of professionals and community resources, they can create a plan that ensures child safety and meets the family’s needs.

Family meetings are flexible and versatile as reflected by who attends the family meeting, who facilitates the meeting, the situation to be discussed and the needs of the family. Also flexibility is determined by DCS as to the situations in which each local DCS decides to use family meetings in developing plan for the children and family. Services will be provided with the highest degree of family participation as possible and will be compatible with the established DCS voluntary service agreement, service referral agreement, informal adjustment, or case plan. Services will also be time-limited; a new referral should be received from the county six (6) months past the initial referral date if continuation is desired with a recommended maximum service length of one (1) year.

The meetings may include any of the following scenarios:

- 1) Functioning as a community assessment team. In this stage, if there are not serious safety concerns, the family and other agencies present have a significant amount of development of a family's plan.
- 2) Involving more extensive preparation time in which the family and facilitator will invite a wider range of supportive persons to the meeting.
- 3) Implementing a more directive plan if the current plan is not succeeding and the child (ren) are at risk of being placed in foster care in the near future. (Development of the plan will include the family, support persons and facilitator, yet the DCS may take a more central role in the development of the plan).
- 4) Implementing an even more directive plan if the family situation deteriorates further and the children are actually placed out of the home. In these subsequent meetings DCS will be even more directive based on the responsibilities placed upon it by statutes and the court.

Though family meetings have different potential models and approaches, the family will not experience these differences as distinct meetings with slightly different focuses. The same basic purpose of all the meetings is to produce a plan to guarantee the safety of the children involved and either preserve or reunify the family.

Family meetings include any combination of the following activities:

- 1) Gather a list of participants and requesting names of the support person(s) the family wishes to have invited to the meeting.
- 2) Making arrangements for all invited participants to be notified of the date, time, location and purpose and expected length of time of the meeting.
- 3) Coordinate location that is supportive to the family, date, time, and transportation to the family meeting by contacting family and DCS to determine a date, time, location and expected length of time of the meeting that is acceptable to all involved.
- 4) Facilitating the family meeting including gathering the signatures of all participants
- 5) Assist with transportation arrangements.
- 6) Prepare the family for the meeting and debrief with the family following the meeting.
- 7) Conflict management.
- 8) Development and submission of a written plan as a result of the meeting including family and DCS responsibilities, goals and objectives to be attained, time limits and signatures of family members and DCS staff.
- 9) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 10) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

II. Target Population

Services must be restricted to the following categories:

- 1) Children and families for whom a child protection service investigation has been initiated;
or
- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers the child’s own health or the health of another needs care, treatment or rehabilitation that the child is not receiving...”); or
- 3) A family with a child at imminent risk of placement.
- 4) A family that adopts or plans to adopt an abused or a neglected child who is at imminent risk of placement or adoption disruption.
- 5) Families voluntarily receiving services through the local DCS through a voluntary service referral, Service Referral Agreement, or Informal Adjustment.

Probation youth are not excluded if they meet the criteria of number 2, 3 or 4 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1

Timely initiation of services with the family

Outcome Measures

- 1) 100% of the participating families will receive by face-to-face visit, whenever possible, a written copy of the agreed upon plan within five (5) working days following the family meeting and will provide written documentation of receipt of the plan.

Goal#2

Families will participate in the decision making process regarding their family.

Outcome Measures

- 1) 95 % of the family meetings will be attended by the involved family members.
- 2) 95 % of the invited family support persons will attend the family meeting.

- 3) 100% of the families, their chosen support persons and DCS staff will receive written notification of the family meeting including the date, time expected length and purpose of the meeting seven (7) working days prior to the scheduled meeting.

Goal #3

Families and DCS will have the same information of what transpired at the family meeting.

Outcome Measure

- 1) 100% of the participating DCS staff will receive a written copy of the agreed upon plan within five (5) working days following the family meeting.

Goal #4

DCS and family satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum qualifications: Master's degree in social work, psychology, sociology, or a directly related area and holding a current license issued by the Indiana Social Worker, Marriage and Family Therapist, or Mental Health Counselor Board, as one of the following: 1) Social Worker, 2) Clinical Social Worker, 3) Marriage and Family Therapist, or 4) Mental Health Counselor. *A BA/BS level staff person may do the preparation work in close partnership with a Master's level licensed person who will do the facilitating, report development and other related direct family work.*

In addition to:

- Knowledge of child abuse/neglect
- Knowledge of child and adult development and family dynamics
- Knowledge of community resources

V. Billable Units

Hourly rate:

- 1) Includes any client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- 2) Includes any planning for the family meeting as identified above while in the provision of services.
- 3) Includes facilitating the family meeting in support of goal-directed communication regarding services to the client/family. Such approval is to be documented on the referral form, Service Referral Agreement, Informal Adjustment, Case Plan, or subsequent DCS correspondence.
- 4) Includes writing a report that results from the family meeting and making the report available to family members and DCS staff.

Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family.)

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Written reports regarding each case facilitation referred.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

FOSTER / ADOPTIVE / KINSHIP CAREGIVER TRAINING

I. Service Description

The State of Indiana intends to contract with providers throughout the state to provide pre-service training for prospective families living in the State of Indiana. These families will be foster, adoptive or kinship families for children under the care and supervision of a local Department of Child Services (DCS) or foster, adoptive or kinship families under the care and supervision of another state's State Agency comparable to the DCS. The curriculum used will be the Institute for Human Services' "Foster, Adoption, Kinship Caregiver Training (FAKT) curriculum. The introduction of foster parents supervising visitation services for children in their care when appropriate is to be included. The pre-service training will be provided in each region so that no family must wait longer than a month to begin pre-service training.

Provision of foster/adoptive/kinship caregiver training (FAKT), which includes 20 hours of pre-service training covering the competencies listed below. An additional 6 hours of permanency training is required for families wishing to adopt and will be provided as in-service training. A monthly newsletter is to be provided to foster, adoptive, and kinship families to keep them informed of upcoming trainings and conferences as well as to provide them with educational information relative to children in their care. Pre-service training is to be provided to not less than 7 people or more than 30 people in a group.

A. The foster/adoptive/kinship caregiver training covers orientation and overview of the training and contains the following competencies:

- 1) Teambuilding Competencies
- 2) Family Systems and Abuse and Neglect Competencies
- 3) Impact of Abuse and Neglect on Child Development Competencies
- 4) Attachment, Separation, and Placement Competencies
- 5) Discipline Competencies
- 6) Cultural Issues in Placement Competencies
- 7) Primary Families Competencies
- 8) Sexual Abuse Competencies
- 9) Effects of Caregiving on the Family Competencies
- 10) Permanency Issues for Children Competencies
- 11) Permanency Issues for Families Competencies
- 12) Connection and Disconnection of Children

Provision of ongoing in-service training that will enhance the skills of caregivers and provide foster parents with information on current issues related to special needs children and children in out of home care.

Monthly in-service training is to be available for licensed DCS foster, and kinship families living in Indiana with topics that relate to fostering and/or adopting special needs children. The in-service trainings must be pre-approved by the DCS. In-service training may be scheduled from one to six hour sessions depending on the topic. Foster parents are required to obtain 10 hours of in-service training annually.

- A. Provision of in-service training on a regular basis. In-service contains information in the following areas:
- 1) Specialized and related classes as identified as high needs on the foster parent individualized training needs assessment (ITNA).
 - 2) Classes that meet a high need that have been identified by the DCS.
 - 3) Classes that address child development; proactive discipline and behavior management techniques; sexuality and sexual development and sexual abuse issues; abuse and neglect; attachment, separation, and placement; etc. and other topics as determined by the needs of foster, adoptive, and kinship parents.
 - 4) Supervision of visitation between foster children and their biological parents (training material provided by the DCS).

Other training (in-service training developed by subject matter expert):

- 1) Approved by Foster Care Advisory Training Committee, DCS Regional Manager, Foster Care Consultant or FAKT Training Coordinator
- 2) Must submit curriculum for review to FAKT Training Coordinator
- 3) Must agree to evaluation by participants and FAKT Training Coordinator

Provision of First Aid Training, CPR, and Universal Precautions Training (Bloodborne Pathogens, Transmission of Preventable Diseases):

- 1) CPR training must include adult/child/infant CPR certified in a program on pediatric cardiopulmonary resuscitation and pediatric airway obstruction under the American Heart Association's Basic Life Support Course D or any other comparable course that provides the required training. American Heart Association, American Red Cross, American Safety and Health Institute, Medic First Aid/Pediatric First Aid (adult, Child and Infant CPR inclusive), National Safety Council, and Heartsaver CPR state that they adhere to American Heart's Basic Course D's guidelines.
- 2) First Aid Training and Universal Precautions may be provided by any nationally accredited agency that provides this training to public and private agencies such as Red Cross and American Heart Association. The trainer must be certified to provide these trainings.

II. Target Population

- 1) Prospective foster parents who have passed a criminal history check or current foster parents of the DCS
- 2) Prospective kinship families who have passed a criminal history check
- 3) Case managers and supervisors
- 4) Prospective or prepared adoptive parents who have passed a criminal history check

III. Goals and Outcome Measures

Goal #1

Increase the number of licensed foster/kinship parents and trained adoptive parents that are available to foster Indiana's abused and neglected children.

Outcome Measures

- 1) 95% of participants who start pre-service training will complete training sessions.
- 2) 90% of participants who complete pre-service training will become licensed.
- 3) 100% of adoptive parents will complete permanency training.
- 4) 100% of current foster/adoptive/kinship parents who start First Aid, CPR, and Universal Precautions training will complete.

Goal #2

Increase the licensed foster parent's knowledge of child development and behavioral issues related to abuse and neglect, increase participants understanding of proactive discipline, sexuality and sexual development and understanding of sexual abuse.

Outcome Measures

- 1) 100% of foster parents who become licensed will complete the required number of hours of training annually based on the license they hold.
- 2) 100% of current foster/adoptive/kinship parents will complete evaluations of the training attended.

Goal #3

DCS and foster family satisfaction with services

Outcome Measures

- 3) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 4) 94% of the families who have participated in FAKT trainings will rate the services "satisfactory" or above.

IV. Qualifications

Service Provider:

Must be knowledgeable of the State foster care program and training requirements, must have completed the Pre-service FAKT training, and must be skilled in determining, coordinating, and scheduling needed training and maintaining a database related to training hours.

Minimum qualifications for persons providing pre-service training:

- Complete the FAKT Training of Trainers Training (TOT) and participate in mentoring process as developed by the FAKT Training Coordinator
- Attend and complete Pre-service FAKT training
- Experienced in child welfare, foster parenting, foster parent training, or a directly related area
- Experienced as a group leader
- Recommended by the DCS Regional Manager or their designee, or FAKT Training Coordinator

Qualities of a trainer:

- Has expertise in the topic being provided
- Understand own motivation, the child welfare system and the workers roles within it
- Positive attitude toward foster/adoptive/kinship parents
- Understand and identify with the needs of all members of the foster/adoptive/kinship care team (foster/adoptive/kinship parents, birth family, foster child, case manager, CASA/GAL, and service providers)
- Emotionally mature, non-judgmental attitude, and exercises sound judgment
- Empathetic and a thorough listener
- Strong communication and interpersonal skills
- Belief in family preservation philosophy

V. Billable Units

Coordination for training per hour:

Rates must include coordinator time, overhead including fringe benefits, materials, registration, general training materials, lending library materials, mileage not to exceed the state rate of \$.40 per mile, attendance at bi-monthly foster care advisory meetings and other required training meetings (not to exceed 3 per contract year), evaluations, and other items as specified related to the business of providing the trainings listed below.

- **Pre-Service Training**
- **In-Service Training including Permanency Sessions 11 and 12**
- **First Aid, CPR, Universal Precautions Training**
- **Cancelled Trainings due to lack of registrations** *(This rate should be based on the predicted amount of work that will be required in scheduling, locating a speaker and location, phone calls, and other time required to plan for training. No more than two cancelled trainings may be claimed with a maximum of 10 hours for each scheduled training that is cancelled due to lack of registrations or attendance.)*

Miscellaneous costs for the above named trainings:

Rates should include trainer prep time, training time, travel expense for the trainer, training specific materials, and refreshments. Trainer costs should be based on the amount of experience and qualifications of the person providing the services as well as the number of trainers needed keeping in mind that there are a number of DCS Family Case Managers who are available to provide FAKT pre-service training at no cost to the provider. Travel expense for mileage is not to exceed the state rate of \$.40 per mile.

Location costs:

Actual cost of rental space if space is unavailable through a public facility at no cost.

Newsletter costs:

Includes developing the monthly newsletters, printing costs, and mailings. It is expected that the newsletters will be emailed as possible to reduce the cost.

Training of Trainers (TOT) cost:

TOT cost includes actual cost of attendance at TOT, mileage not to exceed the state rate of \$.40 per mile, and lodging if more than 50 miles from the training location. Actual cost of trainer for TOT that is provided by the service provider.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours.

VI. Case Record Documentation

- 1) Documentation of verbal or written referral for each person receiving training.
- 2) Documentation of coordination services such as securing trainers, setting up locations, etc.
- 3) Evaluation reports completed by the participants on a form provided by the DCS at the end of each in-service training session.
- 4) Monthly reports to DCS Central Office regarding all other training provided on a form provided by the DCS for this purpose.

VII. Service Access

Services can be accessed by persons interested in becoming a licensed foster/kinship foster home or adoptive parents either through the local DCS or through the contracted agency providing the training.



SERVICE STANDARDS

FOSTER FAMILY SUPPORT SERVICES

I. Service Description

The Foster Family Support Coordinator (FFSC) will provide support services to local foster parents through a monthly or bi-monthly support group at the local DCS office which may include at least one training hour per meeting and bi-weekly phone contact. Child care should be provided if requested by foster families attending the support group meetings. Anyone providing childcare at support group meetings must pass a criminal history and CPS check.

The FFSC may be contracted to provide services on a part time or full time basis depending on the needs of the county. Working hours must be flexible and irregular in order to best meet the needs of the foster families. The FFSC may need to be available on weekends and evenings at times to provide assistance when situations arise that requires support services.

The FFSC will assist foster families in strengthening the relationship between the foster family and their foster children and promoting positive relationships between the foster families and the local DCS family case managers. The FFSC will work closely with the licensing Family Case Manager

Foster family support services will assist in maintaining and strengthening the skills of local foster families. With support services available locally, foster families may be more willing to accept special needs children and older youth that come into care. By strengthening local foster homes, the DCS will be more able to maintain children in local foster homes. The following services will be provided by the FSSC:

- 1) Work with all licensed foster families by the county being served.
- 2) Work closely with the Licensing Family Case Manager in supporting the current foster families and working through situations involving other family case managers.
- 3) Serve as a liaison between the foster children's Family Case Manager and the foster family to work out any issues that may arise in order to preserve the child's placement and to develop and maintain a positive working relationship.
- 4) Provide the Individual Training Needs Assessment (ITNA) for foster parents.
- 5) Develop a quarterly newsletter for foster parents and DCS staff to provide information regarding new staff at the DCS, upcoming topics for support meetings, and other pertinent information that needs to be decimated.
- 6) Provide refreshments and child care at monthly or bi/monthly support meetings.
- 7) Initiate bi-weekly phone contact with foster families to allow foster parents to ask questions, request any needed information, and discuss any topic related to their foster children;
- 8) Facilitate a monthly/bi-monthly support group for foster parents to allow group discussion regarding fostering concerns and solutions and provide training sessions of topics requested by the foster parents (pro bono speakers/trainers should be recruited from the professional community that serve the foster children);
- 9) Invite prospective foster parents to the monthly/bi-monthly support group meeting.
- 10) Provide monthly reports regarding contact with the foster families to the licensing family case manager. The report must contain all contacts with foster families, foster children, and family case managers and information regarding issues that were discussed and resolution to the issues. The report must also include information regarding the monthly or

bi-monthly support meeting, attendance, and information regarding the training that was provided for in-service credit.

- 11) Provide an annual report to the local DCS Regional Manager of the year's activities, progress, and areas needing improvement.
- 12) Additional outcome objectives may be included. Process objectives may be included (i. e., how services are to be delivered).
- 13) Provide foster families with a certificate for training hours received signed by the presenter.
- 14) Provide annual in-home visits with each foster family coordinating with the licensing family case manager either six month prior to or six months after the DCS annual home visit,
- 15) Serve as a liaison between foster families and the county family case managers. and
- 16) Conduct the Individual Training Needs Assessment (ITNA) for foster parents initially and then annually and provide results to the licensing family case manager.

II. Target Population

- 1) All foster and kinship parents licensed by the referring CDCS.
- 2) Court ordered substitute caregivers and adoptive parents.

III. Goals and Outcome Measures

Goal #1

Retention of the current number of foster parents that are licensed Outcome Measures

- 1) 95% retention of currently licensed foster families that continue to reside in the county.
- 2) 90% of licensed foster families participate in support meetings and maintain contact with the foster family support worker.

Goal #2

Develop an environment where foster families believe they are being heard and respected for the work they do.

Outcome Measures

- 1) 100% of foster families report their belief that the DCS respects the work they do.
- 2) 10% increase in the number of foster families willing to accept special needs children and older youth based on the support received.
- 3) 100% of foster families that attend support group meetings complete their required in-service training timely.

Goal #3

DCS and foster family satisfaction with services

Outcome Measures

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have participated in Foster Family Support Services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:

- Bachelor's Degree in Social Work or related field, or
- Former Family Case Manager who worked at least one year with foster families prior to ending employment with the DCS, or
- Former Foster Parent with at least 5 years experience caring for foster children, or
- Person who has worked or volunteered for at least 5 years in a relationship with foster families through other venues such as counseling foster children, providing family preservation services that interacted with foster families, CASA, etc.

The FFSC must:

- Possess clear oral and written communication skills
- Possess the ability to play the role of a mediator when necessary
- Possess the ability to confront in a positive manner and provide constructive criticism when necessary
- Demonstrate insight into human behavior
- Demonstrate emotional maturity and exercise sound judgment
- Be nonjudgmental
- Be a self starter
- Exhibit the ability to work independently
- Exhibit the ability to work as a team member
- Have strong organizational skills
- Must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- Demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

V. Billing Units

Hourly rate:

Includes face to face contact with the identified clients during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage, scheduling of appointments, and report writing are included in this billable unit.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

- 1) Contact logs of all phone and face to face contacts with foster families, prospective foster families and DCS workers related to the foster families;
- 2) Support meeting sign in sheets if applicable;
- 3) Monthly reports regarding work with foster families that is provided to the DCS; and
- 4) Copies of quarterly newsletters, monthly if required.

VII. Service Access

Service can only be accessed by licensed foster families, prospective foster families, or adoptive families as identified by the DCS either verbally or in written form.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

FOSTER HOME STUDIES/UPDATES/RELICENSING STUDIES

I. Service Definition

Information-gathering and evaluation of the family and home environment and making recommendations to the DCS. Provide foster home licensing studies, and/or updates/relicensing studies. Collects information and evaluates the family and home in some combination of the following areas:

- income/expense records
- family history
- education
- employment history
- history of arrests
- marital relationships
- parent/child relationships
- areas of tension/conflict
- extended family
- support systems
- interests/activities/hobbies
- adequacy of home
- family health
- children's school performance
- children's behavior
- religious/spiritual orientation
- expectations
- concerns
- discipline methods
- references
- attitude of family
- adoption/fostering preparation
- attitude of community toward foster care
- adoption/fostering
- sibling relationships
- reasons for applying
- applicants knowledge/experience with type of child
- compliance with law/regulation/policy
- case record requirement

- 1) Services will be provided in the family's home or combination office/home.
- 2) Services must be completed within 60 days of receipt of the referral or by a time frame specified by the DCS at the time of referral.
- 3) Services will be provided at the convenience of the family.
- 4) For Interstate Compact (ICPC) requests, the final approval of the home is the responsibility of the DCS.
- 5) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 6) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.

II. Target Population

- 1) Families for who foster home licensing/updates/relicensing studies have been requested by the DCS.
- 2) ICPC requests for studies of Indiana families as potential placement for relative children from other states.

III. Goals and Outcome Measures

Goal#1

Provide foster care home studies/updates/relicensing studies are completed timely.

Outcome Measures

- 1) 100% of studies will be completed by DCS deadline within 60 days or unless otherwise specified.
- 2) 100% of studies will be completed by DCS instructions and accepted by them.

Goal #2

DCS and foster family satisfaction with services

Outcome Measures

- 3) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 4) 94% of the families who have participated in Foster Family Support Services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:

Bachelor's Degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person holding a Masters degree in Social Work, Psychology, Sociology, or a directly related field.

In addition to:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse/neglect.
- Knowledge of child and adult development.
- Knowledge of community resources.

V. Billable Units

Hourly rate (up to 8 hours for foster home studies and 4 hours for updates and relicensing studies; additional hours must be approved by the referring DCS):

Includes face to face contact with the identified clients during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage not to exceed the State rate of \$.40, scheduling of appointments, and report writing are included in this billable unit.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

VI. Case Record Documentation

- 1) Referral from the DCS in written form;
- 2) Documentation of contact with DCS workers, referred foster families, or others related to the requested study; and
- 3) Copy of the completed study.

VII. Service Access

Service can only be accessed through a DCS referral.



SERVICE STANDARDS

HOME-BASED CASEWORK SERVICES

I. Service Definition

Provision of home based casework services for multi-problem and/or dysfunctional families provided in the family's home. Home based casework is also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. Home based Caseworker Services (HCS) provides any combination of the following kinds of services to the families once approved by the DCS:

- Home visits
- Case planning
- In-home supervised visitation
- Coordination of services
- Conflict management
- Emergency/crisis services
- Child development education
- Domestic Violence education
- Parenting education/training
- Family communication
- Assistance with transportation
- Advocacy
- Family assessment
- Community referrals and follow-up
- Develop structure/time management
- Behavior modification
- Budgeting/money management
- Meal planning/.preparation
- Parent Training with Children Present
- Monitor progress of parenting skills
- Community services information
- Develop long and short term goals

- 1) Services must include 24-hour crisis intervention seven days a week and must be provided in the family's home, at a community site or (only if approved by DCS) in the office
- 2) Services must include ongoing risk assessment and monitoring family/parental progress.
- 3) The family (families are self-defined) will be the focus of service and services will focus on the strengths of the family and build upon these strengths.
- 4) Services must include development of short and long term family goals with measurable outcomes.
- 5) Services will be time-limited and focused on limited objectives derived directly from the established DCS case plan.
- 6) Services must be family focused and child centered.
- 7) Services must include intensive in-home skill building and after-care linkage.
- 8) Services include providing monthly progress reports; requested supportive documentation such as case notes, social summaries, etc.; and requested testimony and/or court appearances including hearing and/or appeals; case conferences/staffing.
- 9) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 10) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 11) The caseload of the Home based Caseworker will include no more than 10 families at any one time.

II. Target Population

Services must be restricted to the following categories:

- 1) Children and families for whom a child protection service investigation has been initiated; or
- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers the child’s own health or the health of another needs care, treatment or rehabilitation that the child is not receiving...”); or
- 3) A family with a child at imminent risk of placement by enabling the family to remain intact and care for the child at home.
- 4) A family that adopts or plans to adopt an abused or a neglected child who is at imminent risk of placement or adoption disruption by assisting the family to achieve or maintain a stable, successful adoption of a child.
- 5) Families voluntarily receiving services through the Department of Child Services could be served through this program such as a voluntary service referral, Service Referral Agreement, or Informal Adjustment.

Probation youth are not excluded if they meet the criteria of number 2 or 3 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 97% of all families will have monthly written summary reports prepared and sent to the referring worker.

Goal #2

Improved family functioning

Outcome Measures

- 1) 75% of the families that were intact prior to the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period.
- 2) 60% of the families that have a child in substitute care prior to the initiation of service will be reunited by closure of the service provision period.
- 3) 90% of the families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
- 4) 90% of families actively engaged in treatment and following treatment recommendations will not have incidences of criminal or status charges while the agency is actively involved.
- 5) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.

Goal #3

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.

- 2) 94% of the families who have completed home-based services will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications

Bachelor’s degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person with a Masters degree in Social Work, Psychology, Sociology, or a directly related area.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources and ability to work as a team member
- Belief in helping clients change their circumstances, not just adapt to them.
- Belief in adoption as a viable means to build families.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, errands with the family, transporting for job interviews and appointments, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a "No Show" must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) "No Shows" are to be billed per occurrence.

Emergency Cash Assistance

Up to \$300 per family who have needs which will cause the placement or prevent reunification of the child(ren) if not met. These funds are accessible after other available resources are used. Approval is required writing by the referring DCS.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

HOME-BASED INTENSIVE FAMILY PRESERVATION SERVICES

I. Service Definition

The goal of this service is to remove the risk of harm to the child instead of removing the child based on the HOMEBUILDERS® model. Information on this program is available at <http://www.institutefamily.org/>. These services give families the chance to learn new behaviors, and help them make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour service availability. There must be an absolute commitment to adhere to the HOMEBUILDERS® model by the service providers. Intensive home based preservation services are also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. Intensive Home Based Family Preservation (IHBFP) Services provides any combination of the following kinds of services to the families once approved by the DCS:

- 1) Intensive service provision of casework services for multi-problem and/or severely dysfunctional families that is provided in the family's home.
- 2) Be available to clients 24 hours a day, 7 days per week which allows close monitoring of potentially dangerous situations and to defuse the potential for violence.
- 3) Services shall be delivered in the client's home or the community where the problems are occurring and, ultimately, where they need to be resolved.
- 4) Sessions are to be scheduled at the family's convenience and at times when there are the greatest opportunities for learning and practicing new skills, specifically at times in the family's day when problems needing to be resolved most often occur such as early morning, meal times, and bedtimes.
- 5) Workers must be available routinely for evening and weekend appointments.
- 6) Develop and assess service treatment plans based on families strengths and needs.
- 7) Include services that recognize problem behaviors as skill deficits which can be overcome in most cases with sufficient motivation, effort and effective treatment.
- 8) Teach productive behavior to replace maladaptive behavior.
- 9) Teach individualized problem-solving skills that can be used by family members to respond to and manage crisis and problem situations.
- 10) Teach families basic skills such as using public transportation systems, budgeting, and where necessary, dealing with the social services system.
- 11) Educate families in areas more commonly associated with counseling, such as child development, parenting skills, anger management, other mood management skills, communications, and assertiveness.
- 12) Utilize a range of research-based interventions, including crisis intervention, motivational interviewing, parent education, skill building, and cognitive/behavioral therapy.
- 13) Provide concrete assistance to the family including providing transportation, assistance with cleaning and moving, locating food, clothing, etc. when needed and training the family to assume these responsibilities. Assistance with learning to communicate assertively with landlords to obtain needed home repairs.
- 14) Provide emergency case assistance of up to \$300 on behalf to the family for the purposes of preventing placement, with possible uses such as rental deposits, utility deposits, paying back utility bills, repairing cars to enable employment, purchase needed clothing. These

funds are accessible only after other available resources have been accessed. A plan to access the monies must include availability to the worker within 24 hours of request.

- 15) Develop strategies that will be used to facilitate client's successful use of non-home based community resources following termination.

IHBFP Services provide for caseloads of two (2) families at one time (on the average) for a period of 4 weeks and no longer than 8 weeks. A trained home-based counselor will provide a range of services in the family's home. Briefly stated, the objectives of this program for each family referred are to:

- 1) Engage the family (as many members as reasonably feasible) through a face to face contact within 24 hours of referral and obtain their willingness to participate.
- 2) Include completion of the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfpn.org for more information about this scale).
- 3) Provide services frequently which may be daily and up to 20 hours or more per family per week. Sessions may be long and must continue as the situation warrants.
- 4) Provide services that are concentrated to take advantage of the time when families are experiencing the most pain, and have the most motivation to change.
- 5) Resolve the immediate crisis, and teach the skills necessary for the family to remain together and to provide for the safety of children and all members of the family.
- 6) Identify family strengths: assess and prioritize the family's problems, including issues raised by the referring case manager as well as the family members themselves. Conjointly develop 2 to 6 treatment goals, keeping in mind the concerns of the referring family case manager/probation officer as well as the concerns of the family members.
- 7) Identify family strengths: assess and prioritize the family's problems, including issues raised by the referring Case Manager or Probation Officer as well as the family members themselves. Conjointly develop 2 to 6 treatment goal.
- 8) Help the family to examine alternatives and determine their options for working on treatment goals.
- 9) Refer to ongoing community or government services as needed and refer back to less intensive formal and informal community services after Intensive Home Based Family Preservation Services are completed.

II. Target Population

Services must be restricted to the following categories:

- 1) Children and families for whom a child protection service investigation has been initiated with a child at imminent risk of placement; or
- 2) Children and families who meet the requirements for CHINS 6 ("substantially endangers the child's own health or the health of another needs care, treatment or rehabilitation that the child is not receiving..."); or
- 3) A family that adopts or plans to adopt an abused or a neglected child who is at imminent risk of placement or adoption disruption; and
- 4) Multi-problem families who are at risk of imminent separation because of the potential removal of at least one child from the family. At least one of the parents or legal guardian must agree to attempt participation in Homebuilders services.

Probation youth are not excluded if they meet the criteria of number 2 or 3 and 4 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 24 hours of the referral.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker following receipt of the referral within 5 days of contact with the client.
- 3) 97% of all families will have weekly written summary reports prepared and sent to the referring worker.

Goal #2

Prevention of out-of-home placement

Outcome Measures

- 1) 75% of the families that were intact prior to the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period.
- 2) 75% of families referred by DCS will not be the subject of a new investigation resulting in a substantiated abuse or neglect throughout the service provision period.
- 3) 75% of families referred by Probation will not be the subject of an additional charge or violation found true at Court hearing through the service provision period.

Goal #3

Improved family functioning

Outcome Measures

- 1) 90% of the families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
- 2) 90% of families actively engaged in treatment and following treatment recommendations will not have incidences of criminal or status charges while the agency is actively involved.
- 3) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.
- 4) Scores will improve on the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfnpn.org for more information about this scale.

Goal #4

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services "satisfactory" or above on a satisfaction survey developed by the agency.

IV. Qualifications

All beginning workers need formal training in the IFPS program model and on-the-job training with another experienced worker or a supervisor. All IFPS workers must receive annual training.

Minimum Qualifications:

- Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor; or

- Bachelor's degree in social work, psychology, or marriage and family therapy with at least two years experience with direct supervision from a person with a Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor. The supervisor provides back-up to the worker as well as supervision. The ratio of supervisors to staff should not exceed 1:6.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources
- Ability to work as a team member
- Belief in helping clients change their circumstances, not just adapt to them.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.

V. Billable Units

Program Development up to 3 months prior to service delivery

The Department of Child Services will provide initial training and consultation for chosen service providers in an Evidence Based Intensive Family Preservation Model. Ongoing training must be included in the budget for this service.

The program development phase must include the following in the billing for this service:

- Determine number of staff needed to begin service delivery, administrative efforts necessary to begin accepting referrals and start serving families.
- Ensure that training is provided to all staff assigned to this program on the NCFAS using training materials that are available at <http://www.nfpn.org/tools/> and approved by the DCS.
- Development of ongoing training to be provided regularly for new and continuing staff using an Evidence Based Family preservation Model.

Service Delivery

Services are to be billed at the end of each phase as follows (time spent with the family must be documented):

- Phase 1 (approximately six (6) weeks depending on the needs of the child and family) is the preparatory work to prevent removal of the child to the home. This includes initial work with the family and the placement agency to work with both the family to prevent removal (including as long a session as needed; frequently, daily, and up to 20 hours or more per family per week).
 - Payment for the Intensive Phase will occur when the termination summary has been submitted to the referring worker and the DCS has proof of this document being received. If the family completes only part of this Intensive Phase and then is terminated for any reason, billing shall be pro-rated based on number of days completed within this phase based on a forty-two (42) day Intensive Phase.
- Phase 2 (five (5) months) If IHBFP services have been successfully completed, regardless of length of services, the provider will be asked to provide up to five (5) additional months of case management. The ongoing contact will provide a monitoring function to insure the community resources that the family was connected to through IHBFP Services are being

accessed and the family is not experiencing additional crises. During this five (5) month period, the provider will meet bi-monthly with the family and be available for crisis intervention as necessary (24 hours a day, 7 days a week availability). It is also expected that the provider will follow up with the family to ensure that scheduled appointments with providers are being kept, that conditions present at the time of the initial referral have been addressed, and that any additional concerns raised by the referring worker are being dealt with. Additionally, it is expected that monthly reports will be provided to the referring worker documenting contacts, current status of the family, and whether any additional problem issues relating to the children have been noted.

- Payment for the follow-up Case Management component will be billed monthly at an hourly rate for services provided to and on behalf of the family. The provider must provide proof of monthly reports being received by the referring worker before billing can occur.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, errands with the family, transporting for job interviews and appointments, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.

- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a “No Show” must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) “No Shows” are to be billed per occurrence.

Emergency Cash Assistance

Up to \$300 per family who have needs which will cause the placement of the child(ren) if not met. These funds are accessible after other available resources are used

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

HOME-BASED INTENSIVE FAMILY REUNIFICATION SERVICES

I. Service Definition

While reunification has always been the primary goal for children removed from their families, only in recent years has the effectiveness of reunification services been linked to intensive services. National Family Preservation Network (NFPN) (<http://www.nfpn.org/reunification/>) promotes applying Intensive Family Preservation Services (IFPS) principles and practices to reunification cases. In defining reunification services, it is essential to first make a distinction between reunifying children with their parents and an intensive service model to reunite families. Many children are reunited with their families after a short period of time in foster care (two to three months). Intensive reunification services are not necessary and are not appropriate for these families. To be eligible for reunification services, a family must be willing to participate, the court must be in agreement, visits must be occurring with their children, and there must be no sexual abuse allegations. NFPN believes that states can meet the federal requirements for reunification through short-term, intensive, home-based services designed to reunite families in which children are likely to remain in out-of-home placement for longer than six months without this intervention.

Intensive reunification services are short-term, intensive, family-based and designed to reunite families when children are likely to remain in out-of-home placement for longer than six months without this intervention. Reunification services in this protocol are closely tied to, yet not identical to Intensive Family Preservation Services. The values and beliefs underlying intensive reunification services are the same as those for Intensive Family Preservation Services and were developed by the HOMEBUILDERS® program.

- Safety is our first concern.
- It is best for children to be raised in their own families whenever possible.
- We are most effective when we work in partnership with our clients.
- People are doing the best they can.
- All people have the potential to change.
- We cannot tell which situations are amenable to change.
- A crisis is an opportunity for change.
- We are accountable to our clients and ourselves for service quality.
- It is important to reduce barriers to services.

Intensive family reunification services are closely related to Intensive Family Preservation Services and thus have very similar standards. These are the basic standards that apply to the intensive stage of the reunification process:

- 1) Staff are available 24 hours a day, 7 days a week
- 2) Staff have small caseloads (2–4 families)
- 3) A reunification worker sees the family within 72 hours of referral
- 4) Reunification services are primarily delivered in the home
- 5) Intensive services (5–20 hours per week) are provided
- 6) Services are available and provided on evenings and weekends
- 7) Services are time-limited (60–90 days)

In the research study on intensive family reunification commissioned by NFPN, Dr. Raymond Kirk suggested a **3-stage model** for implementing IFPS-based reunification services.

Stage 1 is preparatory and precedes the return of the child to the home. This stage is marked by interactions between the reunification worker and the parents that address the issues of ambivalence about and readiness for the child's return. This period of time includes home visits between the child and parents, observed by the reunification worker. During this stage, a family assessment is also conducted using the North Carolina Family Assessment Scale for Reunification (NCFAS-R) (http://www.nfpn.org/reunification/assessment_tool.php) developed by Dr. Kirk in cooperation with NFPN.

Stage 2 is marked by intensive service delivery to the family immediately following the child's return home, within four weeks of the original referral. This phase closely resembles a typical IFPS intervention. Services may include, but are not limited to, any of the following:

- 1) Parent training
- 2) Family communication building
- 3) Teaching behavior management
- 4) Marital counseling
- 5) Life skills training
- 6) Self-management of moods/behavior
- 7) School interventions
- 8) Safety planning
- 9) Relapse prevention
- 10) Concrete and advocacy services

This stage ends with the closure assessment of the NCFAS-R instrument. The ratings at closure are statistically significant in determining the likelihood of success of the reunification.

Stage 3 is the "step-down" stage when reunification or aftercare workers are available to help resolve issues that arise following the removal of intensive services. During Stage 3 families are monitored with respect to continued child safety and family functioning. Families may also request services. The "step-down" services provide a safety net for reunification cases.

A major impediment to successful reunification is parental ambivalence. The strongest predictors of parental ambivalence were identified as biological parents:

- 1) requesting child placement before the initial placement,
- 2) requesting child placement after reunification,
- 3) refusing treatment or services,
- 4) missing court appearances, and
- 5) missing scheduled visitations.

The factors that make reunification cases unique when compared to placement prevention cases (e.g., ambivalence and resolution of pre-existing risks and service needs prior to reunification) can be identified and addressed.

II. Target Population

Services must be restricted to the following categories:

- 1) Children and families for whom a child protection service investigation was substantiated and the child(ren) is in placement and is expected to remain for over a 6 months period of time; or
- 2) Children and families who meet the requirements for CHINS 6 ("substantially endangers the child's own health or the health of another needs care, treatment or rehabilitation that the child is not receiving...") and the child is in placement and is expected to remain for over a 6 months period of time;

- 3) Disrupted adoptions including adoptive families whose child(ren) have been placed out of the home voluntarily or involuntarily in which reunification is expected to occur.

Probation youth are not excluded if they meet the criteria of number 2 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 72 hours of the referral.
- 2) 100% of families are provided services on evenings and weekends, have access to workers 24 hours a day, 7 days a week when needed, and are provided with services between 5 and 20 hours weekly.

Goal #2

Assessments are completed as required.

Outcome Measures

- 1) 100% of the families have the NCFAS-R completed in State 1 and the closure assessment completed in State 2 of their service period.

Goal #3

Improved family functioning

Outcome Measures

- 1) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.
- 2) Scores will improve on the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfpn.org for more information about this scale.)
- 3) 80% of families receiving services will have their child returned within 4 weeks of referral.
- 4) 80% of families receiving services will participate in visitation with their children, attend court hearings, and participate in treatment and services.

Goal #4

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed reunification services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:

All beginning workers need formal training in the IFRS program model and on-the-job training with another experienced worker or a supervisor. All IFRS workers must receive annual training.

- Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health

Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor; or

- Bachelor's degree in social work, psychology, or marriage and family therapy with at least two years experience with direct supervision from a person with a Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor. The supervisor provides back-up to the worker as well as supervision. The ratio of supervisors to staff should not exceed 1:6.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources
- Ability to work as a team member
- Belief in helping clients change their circumstances, not just adapt to them.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.
- Availability at all hours to respond to crises, which are the best time to teach and model the new behavior and skills family members need if they are to stay together.

V. Billable Units

Program Development up to 3 months prior to service delivery

The Department of Child Services will provide initial training and consultation for chosen service providers in an Evidence Based Intensive Family Preservation Model. Ongoing training must be included in the budget for this service.

The program development phase must include the following in the billing for this service:

- Determine number of staff needed to begin service delivery, administrative efforts necessary to begin accepting referrals and start serving families.
- Ensure that training is provided to all staff assigned to this program using training materials on the North Carolina Family Assessment Scale - Reunification using training materials that are available at <http://www.nfnpn.org/tools/>.
- Development of ongoing training to be provided regularly for new and continuing staff using an Evidence Based Family preservation Model.

Service Delivery

Services are to be billed at the end of each stage as follows:

- Stage 1 (approximately six weeks depending on the needs of the child and family) is the preparatory work that precedes the return of the child to the home. This includes initial work with the family and the placement agency to prepare both the family and the youth for the youth's return to the home setting.
 - This stage ends when the child returns home. If the child does not return home, this stage will be billed at 75% of stated charge for a minimum of three weeks services. If less than three weeks of services are provided, the billing will be pro-rated based on the daily rate calculated based on forty-two days.
- Stage 2 (three to four weeks depending on initial ease of transition into the home) is intensive service delivery to the family immediately following the child's return home. The completion of this phase will be a written contract signed by the family, agency, and

referring worker summarizing goals achieved and outlining goals to be worked on during Stage 3. This contract must also include a plan for achieving identified goals.

- Stage 2 may be billed when the contract is signed by the family, agency, and referring worker regarding Stage 3 goals. If placement disrupts during Stage 2, this phase will be billed at a daily rate calculated based on twenty-eight days.
- Stage 3 (twelve months) is the “step-down” stage when reunification or aftercare workers are available to help resolve issues that arise following the removal of intensive services. Monitoring occurs with respect to continued child safety and family functioning. This stage incorporates the ability of the agency to provide up to four weeks of intensive crisis intervention services, based on the family’s needs, during these twelve months. It is anticipated that these weeks will be billed at a Stage 2 daily rate. It is also anticipated that some families may need more than four weeks of intensive work during this stage. In such cases, written requests for additional fees will be submitted to the DCS for approval. If the family is stable and does not require twelve (12) months of services, the family can be successfully discharged at any time with the approval of the referring worker and/or the authorization of the Court. It is anticipated that contact with the family will decrease during Stage 3.
 - Stage 3 is to be billed monthly. If placement disrupts during Stage 3, the monthly billing will be prorated to include only days that the child remained in the home. If intensive services are needed in Stage 3 (up to 4 weeks), the billing must clearly outline the number of hours provided during this intensive time and bill based on the daily rate calculated for Stage 2.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Emergency Cash Assistance

Up to \$300 per family who have needs which will prevent the reunification of the child(ren) if not met. These funds are accessible after other available resources are used.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.
- 4) Closing report regarding outcomes from the provision of services.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

HOMEMAKER / PARENT AID

I. Service Description

Homemaker/parent aid provides assistance and support for parents who are unable to appropriately fulfill parenting and/or homemaking functions. Paraprofessional staff assists the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping with the following areas:

- Time management
- Child care
- Child development
- Health care
- Community resources (referrals)
- Transportation
- Visitation with child(ren)
- Systems support
- Problem solving
- Isolation
- Discipline
- Resource management
- Safety
- Nutrition
- Housekeeping
- Parenting skills
- Housing
- Self esteem
- Interpersonal Problems
- Crisis Resolution
- Parent/child interaction
- Supervision

Homemaker/Parent Aid expectations:

- 1) Services will be provided in the family's home and in the course of assisting with transportation, accompanying the parent(s) during errands, job search, etc.
- 2) Services must be indicated by the established DCS case plan.
- 3) Provide transportation in the course of assisting the client to fulfill the case plan or informal adjustment program, with learning a particular task as specified in the service components, such as visitation, medical appointments, grocery shopping, house/apartment hunting, etc.
- 4) Staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 5) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 6) Provide any requested testimony and/or court appearances (to include hearing or appeals).
- 7) Services to families will be available 24-hours per day, seven days per week.
- 8) The family (families are self-defined) will be the focus of service.
- 9) Services will focus on the strengths of families and build upon those strengths.
- 10) One (1) full-time homemaker/parent aid can have a caseload of no more than 10 families at any one time.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has been initiated;
or

- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers the child’s own health or the health of another and needs care, treatment or rehabilitation that the child is not receiving...”); or
- 3) Children and families who are currently in substitute care and who are in need of reunification services.
- 4) Families voluntarily receiving services through the Department of Child Services could be served through this program such as a voluntary service referral, Service Referral Agreement, or Informal Adjustment.

Homemaker/Parent Aid services do not exclude Probation youth if they meet the criteria in number 2 or 3 above.

III. Goals and Outcome Measures

Goal #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written plan prepared regarding expectations of the family and homemaker/parent aid and sent to the referring worker following receipt of the referral within 30 days of contact with the client.
- 3) 100% of all families will have monthly written summary reports prepared and sent to the referring worker.

Goal #2

Improved family functioning

Outcome Measures

- 1) 90% of the families served will have resolved the problem that preceded the need for homemaker/parent aid services (such as living conditions, lice, unsafe environment, etc.)
- 2) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.

Goal #3

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications:

- Must possess clear oral and written communication skills
- One (1) year of full-time experience in home management; home maintenance; or child care and is under the direct weekly supervision of a person holding a Bachelor's or Master's degree in Social Work, Psychology, Sociology or a directly related field.
- At least twenty-one (21) years of age.

- Must possess a valid driver's license and the ability to use private car to transport self and others, and must comply with state policy concerning minimum car insurance coverage.

Qualities:

- Ability to work as a team member
- Ability to work independently
- Insight into human behavior
- Patience
- Nonjudgmental
- Emotional maturity
- Knowledge of child development
- Understanding of family of origin/intergenerational issue
- Knowledge of community resources.
- Ability to get along with others
- Strong organizational skills
- Thorough listener
- Exercise sound judgment
- Belief in family preservation philosophy
- Empathic
- Knowledge of child abuse and neglect
- Belief in helping clients change circumstances

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, errands with the family, transporting for job interviews and appointments, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a "No Show" must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) "No Shows" are to be billed per occurrence.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

PARENT EDUCATION

I. Service Definition

Parenting education is the provision of structured, parenting skill development experiences. Being a parent is rewarding and challenging and there are not easy answers. Education regarding parenting, discipline and child development is a means to provide parents whose children are “at risk” or have been abused or neglected with tools to assist them in the lifelong task of disciplining, understanding, and loving their children. Parent education is provided in a group setting except for those instances where a family is unable to function appropriately or understand the material in the group setting. Many curriculums such as STAR Parenting Program and Systematic Training for Effective Parenting (STEP), Strengthening Families and Celebrating Families are available to provide this education. Regardless of the curriculum that is used, the following components must be addressed:

- Child development
- Nurturing
- Self-control
- Setting limits
- Child’s temperament
- Heredity and Environment
- Birth Order
- Gender roles
- Child’s desire to belong
- Children as observers
- Power and Revenge
- Inadequacy
- Beliefs and feelings
- Encouragement
- Listening and talking
- Owning the problem
- Natural and logical consequences and choices
- Family meetings
- Responding vs. reacting to behavior
- Parenting style
- Age appropriate expectations
- Communicating with teens
- Child abuse and neglect

II. Target Population

- 1) Parents and caregivers of children who have a substantiated abuse and/or neglect report.
- 2) Parents and caregivers of children who have been removed from their homes due to abuse and/or neglect.

III. Goals and Outcome Measures

Goal#1

Ensure that parents participating in the classes are provided with an opportunity improve parenting skills.

Outcome Measures

- 1) 100% of the families participating will sign attendance sheets at each session attended.

Goal #2

Strengthen and increase the parent’s ability to provide for the emotional, physical, and safety needs of their children.

Outcome Measures

- 1) 100% of parents participating will complete a pre-test at the initial session.
- 2) 100% of parents participating will complete a post-test at the conclusion of the sessions.
- 3) 90% of the parents completing 75% of the sessions taking the pre and post tests will score higher on the post test.

Goal #3

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications:

Parent Educator - Paraprofessional

A high school diploma or GED; one (1) year of full-time experience in child care in an organized setting or experience as a parent and is at least twenty-one (21) years of age and is under the direct weekly supervision of a person with a Bachelor's or Master's degree in Social Work, Psychology, Sociology or related field.

Parent Educator - Professional

Bachelor's degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person with a Master's degree in Social Work, Psychology, Sociology or related field.

In addition to:

- Knowledge of child abuse and neglect
- Knowledge of child and adult development and family dynamics
- Ability to work as a team member
- Strong belief that people can change their behavior given the proper environment and opportunity
- Belief in helping families to change their circumstances, not just adapt to them.

V. Billable Units

Group rate:

Groups are defined as:

- minimum of three (3) to maximum of twelve 12 unrelated participants

Hourly rate for individual work only:

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time for individual work only:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, errands with the family, transporting for job interviews and appointments, other related transportation needs of the family, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show for individual work only:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive "no show", the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a "No Show" must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) "No Shows" are to be billed per occurrence.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Documentation

Documentation of approval given for participation in the group of each attendee given by the DCS either verbal or in written form. Sign in sheets with the name and signature, addresses and other contact information, and county of residence of all attendees for each group held.

VII. Service Access

Services can only be accessed through DCS approval.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



*Protecting our children,
families and future*

SERVICE STANDARDS

PREVENTION - COMMUNITY PARTNERS FOR CHILD SAFETY

I. Service Description

Community Partners for Child Safety is a center based, child abuse prevention service array that is to be delivered in every region in the state. This service continuum builds community supports for those families who self identify or are referred by community agency referral to connect families to resources needed to strengthen the family and prevent child abuse and neglect. It is intended that through the delivery of these prevention services, reports of abuse and neglect will be reduced considerably and families will be strengthened.

Community partners include, but are not limited to: schools; social services agencies; health care providers; public health; hospitals; child care providers; community mental health agencies; local Department of Child Services (DCS) offices; child abuse prevention agencies such as Healthy Families and local Prevent Child Abuse Councils; Youth Services Bureaus; Child Advocacy Centers; faith-based community; and Twelve Step Programs. Each community will define its own partnerships with DCS as a partner. DCS partnership is vital to prevention services since Child Protective Services frequently identify issues that lead to abuse and neglect through reports that are investigated but not substantiated. Through early identification of these problems, families can receive supportive services to assess their needs and strengthen their skills to prevent abuse and neglect in the future.

Program Development

Community Partners for Child Safety Grantees must deliver the following outcomes to the community/region **prior** to starting service delivery as defined below to families:

- The recruitment and hiring of a Community Partnership Project Manager by the Regional Services Council (designee) within 2 months of the start of the contract. The Project Manager will develop and initiate the program effort as identified by the Regional Service Council and will be qualified by credentials to be the Project Manager of the Community for Child Safety Program when the program begins.
- The development of an identified group of community partners within 3 months of the effective date of the contract
- Assure that the partners are willing to assume multiple roles including: referral source, provider of supportive services to a specific family(ies), potential provider of funding for the program as a whole or as a support to identified specific families, service administration and/or governance
- Identify an agency/community mission, vision, and goals within 4 months of the contract effective date
- Identify a strategy for governance that must at a minimum include: a governing or managing board, board committees that assure program integrity, desired outcomes and trends that affect/impact outcome, training and curriculum for training, assessment and planning, sustainability including funding within 4 months of the contract effective date.

- Governance membership must include community partners, parents that have successfully completed the program, parents that live in the community, or other identified community leaders.
- Determine service delivery site, number of staff needed to begin service delivery, administrative efforts necessary to begin accepting referrals and start serving families within approximately 6 months of the contract effective date.
- Provision of initial and on-going training that addresses community collaboration and partnerships.
- Provision of initial and on-going training for staff development and service delivery (Curriculum will be selected by DCS.)

Service Delivery

Community Partners for Child Safety Grantees must deliver following services to identified families:

- On-call staff availability for crisis intervention counseling and referral if needed
- Strengths-based, family focused assessment to identify families' stability, safety, and strengths. (This assessment tool will be selected by the DCS.)
- Development of family case plans that include no more than 3 goals that families identify as goals. The development of these plans may include a solution-focused family case conference in which all persons chosen by the family are involved in the conference. Members present may assist with planning and goal development
- Referrals to resources and supports in the community
- Support and advocacy services to families
- Development of classes and support groups for families as identified and needed (parenting skills building, life skills development, self improvement)
- Participation and involvement in neighborhood and community events that support families
- Development of relationships with agencies in the community that support families through referral of families, funding to the agency as a whole or to specific families within the program, and that , in general, will act as a partner in the delivery of services
- Voluntary enrollment of referred families
- Provision of home based family visitation program through which workers provide supportive services.
- Referred families will have a face to face contact from the agency within 5 working days from the date of referral
- Families will work on each identified goal and accomplish one goal at a time; that goal can be replaced as long as there are no more than 3 goals.
- Families must accomplish at least one goal before being discontinued unless the family voluntarily withdraws from the program
- Families will be terminated from the program within 10 days of reaching their goals.
- Families may be re-referred as many times as necessary as long as there is no substantiated case of abuse or neglect.
- Families will **not** have a substantiated case of abuse or neglect during their time in this program. If they have a substantiated case, the Local Office of Department of Child Services will determine the services needed by this family by the coercive intervention of the court, and this family will no longer receive services from this voluntary program.
- Parents who have successfully completed the program may be engaged as partners in service delivery to other families.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has not been substantiated.
- 2) Families that have been referred by a community partner or who self refer due to a determination that, with timely, effective, and appropriate prevention support services, family functioning can be improved and child abuse and neglect prevented.
- 3) Families that do **not** meet the criteria for Healthy Families participation.

III. Goals

Goal #1

Prevent CPS referrals and prevent families from entering the DCS system.

Outcome Measures

- 1) 95% of families referred will have a face to face contact with staff within 5 working days of referral.
- 2) 80% of families that are offered services will voluntarily enroll
- 3) 95% of the families completing an individualized family assessment will develop a safety plan based on family's assessment.
- 4) 90% of the participating families will achieve at least one, but no more than 3 at any given time, identified goals based on family assessment.
- 5) 90% of families will show improvement in family functioning after 4 months of program participation using a standardized family functioning scale.
- 6) 90% of families participating in the program will NOT have a substantiated child abuse case after 12 visits.
- 7) 100% of participants who become clients of the agency will be terminated within 10 working days after goal completion and when the family agrees that services are no longer needed.

Goal #2

Regional Service Council (RSC) and family satisfaction with services

Outcome Measures

- 1) RSC will rate the services as “satisfactory” or above if 90% of families receiving services do not have a substantiated case of child abuse after at least 12 visits.
- 2) If 90% of families participating in the program demonstrate improved family functioning after 4 months in the program by use of a consistent assessment tool.
- 3) 94% of the families who have participated in prevention activities will rate the services “satisfactory” or above (using a uniform client satisfaction survey).

IV. Qualifications

Minimum qualifications:

- 1) Project Managers are preferred to have a Masters Degree in social work or in a related human service field and 2 years of social work experience; project managers may have a Bachelors Degree in social work or a related human service field with 5 years experience in social work.
- 2) Neighborhood Liaisons (or case managers) are preferred to have a Bachelors Degree in social work or in a related human services field and two years experience in working with families and children. Case managers may have education equivalent to a year above secondary education and 2 years experience in social work or a related human services field.
- 3) Parent Partners may work on a part time basis. A parent partner is preferred to be a parent who has successfully completed the program and is needed to mentor and assist other parents enrolled in the program. The parent partner may have a secondary degree or a GED

equivalent, but these educational requirements may be waived if the parent partner is judged by the Project Manager to have the skills necessary to engage parents in the successful completion of their goals.

- 4) Administrative support staff may have a high school diploma or GED equivalent.

V. Billable Units

Program Development

Agencies will bill by the month. Monthly rates will be established by:

Determining and defining on the budget sheets the costs associated with the first 6 months of program development as defined above.

Service Delivery to Families

Monthly rates for service delivery will be established by determining and defining program costs associated with service delivery including:

- 1) cost of assessment,
- 2) conduct and facilitation of family case conferences,
- 3) development and conduct of groups needed to support the families in the program at any given time,
- 4) home visitation and family support trips needed to assist families in improved family functioning goal achievement, and
- 5) any service cost associated with administering and delivering these services to obtain the outcomes identified above.

VI. Documentation

Documentation of referral whether verbal contacts or written correspondence.

Copies of assessments, conference notes, home visitation notes, and other service logs of all families being served.

VII. Service Access

Services may be accessed by self-referral and referral by DCS or other community partners.



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families and future*

SERVICE STANDARDS

SUBSTANCE ABUSE ASSESSMENT, TREATMENT, AND MONITORING

I. Services Description

Drug addiction is a complex illness. It is characterized by compulsive, at times uncontrollable drug craving, seeking, and use that persist even in the face of extremely negative consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

Substance abuse negatively affects a parent's social, emotional and physical functioning. Their ability to provide for their children will be impaired and poses a risk to child development, safety and/or well being. Recognizing the "cloak of secrecy" that often surrounds these families, efforts must be made to open lines of communication and be sensitive to a variety of sources in verifying substance abuse and corroborating the effects on children.

Assessment:

Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, social, psychological, vocational, and legal problems. A face to face clinical interview must take place with each referred individual. In-person sessions provide the ability to provide immediate attention to individuals who may be a danger to themselves or others. Tremors, needle marks, dilated pupils, exaggerated movements, yellow eyes, glazed or bloodshot eyes, lack of eye contact, a physical slowdown or hyperactivity, appearance, posture, carriage, and ability to communicate in person are vital components to the clinical interview.

The substance abuse assessment must include:

- 1) any associated medical, psychological and social history of the client,
- 2) an in-depth drug and alcohol use history with information regarding onset, duration, frequency, and amount of use; substance(s) of use and primary drug of choice; associated health, work, family, person, and interpersonal problems; driving record related to drinking or drug use; past participation in treatment programs,
- 3) standardized assessment tool for drug/alcohol abuse such as Substance Abuse Subtle Screening Inventory (SASSI), Addiction Severity Index (ASI) Teen Addiction Severity Index (T-ASI), ASI Lite, or the Addiction Society of Medicine Placement Patient Criteria Revised Version II(ASAM PP2), Drug Abuse Screening Test (DAST), Substance Abuse Relapse Assessment (SARA), etc.,
- 4) results of urine screen with the requested drug panel.

Reports on non-emergency referrals must be delivered within 30 days of the completion of the assessment. For emergency assessments, it is expected that a verbal report will be provided to the

referring office within 72 hours and a written report provided within 14 days after the completion of the assessment with the client. It is expected that a client with a history of homelessness, frequently changing employment and/or instability in caring for their children will be addressed realistically regardless of an admission of substance abuse. Recommendations regarding the client's needs must be provided on each assessment. This information should be used to develop an individualized treatment plan with specific strategies for coping with high risk situations, slips, and relapses.

Treatment & Monitoring:

There are many addictive drugs. Treatments for specific drugs can differ and varies depending on the characteristics of the patient. Problems associated with an individual's drug addiction can vary significantly. People who are addicted to drugs come from all walks of life. Many suffer from mental health, occupational, health, or social problems that make their addictive disorders much more difficult to treat. Even if there are few associated problems, the severity of addiction itself ranges widely among people.

A variety of scientifically based approaches to drug addiction treatment exists. Treatment prescribed for all clients must be evidenced based. Drug addiction treatment can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination. Behavioral therapies offer people strategies for coping with their drug cravings, teach them ways to avoid drugs and prevent relapse, and help them deal with relapse if it occurs. When a person's drug-related behavior places him or her at higher risk for AIDS or other infectious diseases, behavioral therapies can help to reduce the risk of disease transmission. Case management and referral to other medical, psychological, and social services are crucial components of treatment for many patients.

Change does not happen all at once. Much of the early change process takes place internally as a person weighs whether change is worth the time and effort required. Treatment must help the client to identify the events that typically precede their substance use, as well as the consequences that may reinforce that use. Individual and/or group treatment to assist the client toward change may include any or all of the following:

- Consciousness raising
- Self-revelations
- Weighing pros and cons
- Environmental reassessment
- Problem solving
- Stimulus control-triggers
- Stress
- Assertiveness
- Refusal skills
- Thought management
- Cravings and urges
- Alternatives to using
- Social Support
- Identifying needs and resources
- Goal Setting
- Relapse Prevention Planning
- Role play
- Role clarification

Following the assessment of each client, the service provider must inform the referring worker of the expected number of treatment sessions to be provided to each client. The service provider must contact the referring worker by phone or email to relay important information regarding the client such as active drug use that affects parenting abilities as situations develop. Copies of treatment plans, progress reports with recommendations for each court hearing and discharge summaries with prognosis and recommendations must be provided to the referring worker in a timely manner. If self-help groups (such as AA/NA) are part of the support of treatment process, the service provider must provide a means to document and verify attendance at such programs. Aftercare plans must be identified for all clients completing outpatient services.

Services must be available to clients who have limited daytime availability. The service provider must identify a plan to engage the client in the process, a plan to work with non-cooperative clients including those who believe they have no problems to address as well as working with special needs clients such as those who are mentally ill or developmentally delayed.

No-show alert forms will be provided by the contracted agency to inform the referring worker of the client's failure to attend sessions based on five no-shows and ten no-shows. After ten no-shows, the client will be administratively discharged. Any client who is administratively discharged must request a new referral from the referring worker to begin receiving services again.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Families for whom a child protection service investigation has been initiated; or
- 2) Families who meet the requirements for CHINS 6 ("substantially endangers his own health or the health of another and needs care, treatment or rehabilitation that he is not receiving..."); or
- 3) Families who have children in substitute care and who are in need of reunification/permanent placement services.

III. Goals and Outcome Measures

Goal #1

Timely receipt of report to prepare for services/court.

Outcome Measures

- 1) For non-emergency assessments: 100% of the written reports will be received by referring worker 14 days after the completion of the assessment with the family.
- 2) For emergency assessments: 100% of Verbal reports will be received by the referring worker within 72 hours; written report received by the referring worker 14 calendar days after the assessment with the family.

Goal #2

Recommendations relevant and based on documentation in the body of the report.

Outcome Measures

- 1) 100% of recommendations prepared as a result of the assessment are appropriate based on interviews, observations, review of other records, and completion of test instruments.
- 2) Abstinence or decrease use of alcohol or drugs.
- 3) Improvement of work or improvement of educational status
- 4) Stable living situation.
- 5) Decrease involvement with the criminal justice system

Goal #3

Drug screens will be provided to the referring worker in a timely fashion.

Outcome Measures

- 1) 100% of positive reports will be reported verbally by phone, voice mail or email within 24 hours of receiving the results of the urine screen. Written reports of the urine screen will be mailed/faxed to the referring worker within 24 hours of receipt of laboratory results.
- 2) Decreasing evidence of illicit drugs in drug screens.

Goal #4

No-show alert forms based on five no-shows and ten no-shows will be provided to the referring worker.

Outcome Measures

- 1) 100% of no-show alerts will be provided to referring worker immediately following the select number of no-shows. After 10 no-shows, the client will be discharged from services.
- 2) Retention – Improvement in length of stay in treatment.

Goal #5

Referring worker will be provided treatment plan and sessions needed for progress to occur for each client referred.

Outcome Measure

- 1) 100% of referred clients will have a treatment plan developed following the assessment with the treatment plan provided to the referring worker within 10 days of completion.

Goal #6

DCS and client satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 80% of the clients who have completed substance abuse assessment and treatment services will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications:

- 1) Master’s degree in social work, counseling or psychology with at least three years experience providing substance abuse services and a current license issued by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker, 2) Marriage and Family Therapist, or 3) Mental Health Counselor or certified by the Division of Mental Health Administration to provide addiction services, or
- 2) An alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board of Certified Counselors, Inc and Affiliates/Master Addictions Counselor (NBCC).
- 3) Sample collection does not require the services of a certified drug abuse counselor. The person providing this service must be highly training in sample collection and the chain of custody procedures to document the integrity and security of the specimen from time of collection until receipt by the laboratory.

V. Billable Units

Hourly rate:

The hourly rate includes face to face contact with the identified client/family members and professional time involved in scoring testing instruments as well as any other testing that was completed, and preparing the assessment report.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

No Show for individual work only:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive “no show”, the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a “No Show” must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) “No Shows” are to be billed per occurrence.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider’s home or the agency’s office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family’s home, to and from case conferences, court, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

Sample Collection

Services include the collection of urine specimens and ensuring that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory.

Drug Screens

Actual cost of the screens.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form and/or correspondence requesting services;
- 2) Documentation of regular contact with the referred families and referring agency;
- 3) Completed report if only assessment; and
- 4) Monthly written reports, or more frequently if requested, regarding the progress of the family provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

THERAPY – FUNCTIONAL FAMILY THERAPY

I. Service Description

Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth between 11-18, whose problems range from conduct disorder to alcohol/substance abuse, and their families. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity. Other goals include helping family members adopt positive solutions to family problems, and developing positive behavior change and parenting strategies. Further information on FFT can be found at <http://www.fftinc.com> or <http://www.ncjrs.org/pdffiles1/ojdp/184743.pdf>.

FFT is designed to increase efficiency, decrease costs, and enhance the ability to provide service to more youth by:

- 1) Targeting risk and protective factors that can change and then programmatically changing them;
- 2) Engaging and motivating families and youth so they participate more in the change process;
- 3) Entering each session and phase of intervention with a clear plan and by using proven techniques for implementation; and
- 4) Constantly monitoring process and outcome.

The program is conducted by FFT trained family therapists through the flexible delivery of services by one and two person teams to clients in the home and clinic settings, and at time of re-entry from residential placement. Service providers must adhere to the principles of the FFT model. FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. Sessions are spread over a 3-month period or longer if needed by the family. Therapists must engage the family (as many members as reasonably feasible) through a face to face contact within 14 days of the referral and obtain their willingness to participate. FFT emphasizes the importance of respecting all family members on their own terms as they experience the intervention process. Therapists must be relationally sensitive and focused, as well as capable of clear structuring, in order to produce significantly fewer drop-outs and lower recidivism.

Empirically grounded and well-documented, FFT has three specific intervention phases. Each phase has distinct goals and assessment objectives, addresses different risk and protective factors, and calls for particular skills from the therapist providing treatment. The phases consist of:

- Phase 1: Engagement and Motivation.
During these initial phases, FFT applies reframing and related techniques to impact maladaptive perceptions, beliefs, and emotions and to emphasize within the youth and family, factors that protect youth and families from early program dropout. This produces increasing hope and expectation of change, decreasing resistance, increasing alliance and trust, reduced oppressive negativity within the family and between the family and community, increased respect for individual differences and values, and motivation for lasting change.

- **Phase 2: Behavior Change.**
This phase applies individualized and developmentally appropriate techniques such as communication training, specific tasks and technical aids, basic parenting skills, and contracting and response-cost techniques.
- **Phase 3: Generalization.**
In this phase, Family Case Management is guided by individualized family functional needs, their interaction with environmental constraints and resources, and the alliance with the therapist to ensure long-term support of changes. FFT links families with available community resources and FFT therapists intervene directly with the systems in which a family is embedded until the family is able to do so itself.

Each of these phases involves both assessment and intervention components. Family assessment focuses on characteristics of the individual family members, family relational dynamics, and the multi-systemic context in which the family operates. The family relational system is described in regard to interpersonal functions and their impact on promoting and maintaining problem behavior. Intervention is directed at accomplishing the goals of the relevant treatment phase. For example, in the engagement and motivation phase, assessment is focused on determining the degree to which the family or its members are negative and blaming. The corresponding intervention would target the reduction of negativity and blaming. In behavior change, assessment would focus on targeting the skills necessary for more adaptive family functioning. Intervention would be aimed at helping the family develop those skills in a way that matched their relational patterns. In generalization, the assessment focuses on the degree to which the family can apply the new behavior in broader contexts. Interventions would focus on helping generalize the family behavior change into such contexts.

Program certification must be obtained and maintained through utilizing Functional Family Therapy certified trainers to train a site supervisor and therapists. Program fidelity must be maintained through adherence to using a sophisticated client assessment, tracking and monitoring system and clinical supervision requirements.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has been substantiated.
- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers the child’s own health or the health of another and needs care, treatment or rehabilitation that the child is not receiving...”).
- 3) Children who have committed juvenile delinquent acts or status offenses and are involved with county Juvenile Probation Department and their families.

III. Goals and Outcome Measures

Goals #1

Services are provided timely as indicated in the service description above.

Outcome Measures

- 1) 100% of referred children and families are engaged in services within 14 days of referral.
- 2) 100% of children and families being served have an assessment completed at the beginning of each phase.
- 3) 100% of children and families being served have a clear plan developed immediately following the assessment.

- 4) Progress reports are provided to the referring worker. Monthly.

Goal #2

Improved family functioning as indicated by no further incidence of the presenting problem

Outcome Measures

- 1) 90% of the children and families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
- 2) 90% of children and families actively engaged in treatment and following treatment recommendations will not have incidences of criminal or status charges while the agency is actively involved.
- 3) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS or Youth Level of Service Inventory (YSLI) used by referring Juvenile Probation Officer.

Goal #3

DCS and client satisfaction with service provided.

Outcome Measure

- 1) Juvenile Probation/DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

IV. Qualifications

Site Supervisor

- Completion of FFT certified training and
- Master's Degree in Guidance and Counseling, Counseling, Social Work, Psychology, Sociology, or Criminology with 2 years management, program planning, development, and implementation of a behavioral health assessment and treatment program, 5 years in family and/or individual counseling to include 3 years experience in supervision.

Therapists

- Completion of FFT certified training and
- Master's Degree in Guidance and Counseling, Counseling, Social Work, Psychology, Sociology, or Criminology or
- Bachelor's degree in Guidance and Counseling, Counseling, Social Work, Psychology, Sociology, or Criminology with at least five years experience with direct supervision from a person with a Master's Degree in Guidance and Counseling, Counseling, Social Work, Psychology, Sociology, or Criminology. The supervisor provides back-up to the worker as well as supervision. The ratio of supervisors to staff should not exceed 1:6.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the Juvenile Probation/DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent Juvenile Probation/DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent Juvenile Probation/DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a Juvenile Probation/DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the Juvenile Probation/DCS.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring Juvenile Probation/DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A Juvenile Probation/DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Quarterly written reports or more frequently if requested and monthly verbal reports regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a Juvenile Probation/DCS referral unless otherwise specified. Referrals are valid for a maximum of six (6) months unless otherwise specified by the Juvenile Probation/DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

THERAPY - HOME-BASED THERAPY

I. Service Description

Provision of structured, goal-oriented, time-limited therapy in the natural environment of families who need assistance recovering from physical, sexual, emotional abuse, and neglect. Other issues, including substance abuse, mental illness, personality/behavior disorder, developmental disability, dysfunctional family or origin, and current family dysfunction, may be addressed in the course of treating the abuse/neglect.

Professional staff will provide family and/or individual therapy with emphasis on one or more of the following areas:

- Family of origin/intergenerational issues
 - Family organization (internal boundaries, relationships, roles)
 - Stress management
 - Self-esteem
 - Communication skills
 - Conflict resolution
 - Behavior modification
 - Parenting Skills/Training
 - Substance Abuse
 - Goal setting
 - Family structure (external boundaries, relationships, socio-cultural history)
 - Problem solving
 - Support systems
 - Interpersonal relationships
 - Goal setting
 - Supervised visitation
 - Family processes (adaptation, power authority, communications, META rules)
- 1) Services will be provided face-to-face for the amount of time needed by each individual or family.
 - 2) Services will be provided at times convenient for or necessary to meet the family's needs, not according to a specified work week schedule.
 - 3) Services will be provided in the families' home or in the community environment when assisting with a particular learning task.
 - 4) Services will be based on limited objectives derived from the family's established DCS case plan, Informal Adjustment, or Service Referral Agreement.
 - 5) Services will be time-limited with a recommended maximum of six (6) months.
 - 6) Therapist must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
 - 7) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
 - 8) Services include providing any requested testimony and/or court appearances (to include hearing or appeals).
 - 9) The family (families are self-defined) or individual will be the focus of service.
 - 10) Services will focus on the strengths of families or individuals and build upon those strengths.
 - 11) One (1) full time Home-Based Therapist may have a caseload of no more than 8 families at any one time.

II. Target Population

Services must be restricted to the following eligibility categories:

- 1) Children and families for whom a child protection service investigation has been initiated; or
- 2) Children and families who meet the requirements for CHINS 6 (“substantially endangers the child’s own health or the health of another and needs care, treatment or rehabilitation that the child is not receiving...”); or
- 3) Children and families who are currently in substitute care and who are in need of reunification services.
- 4) Children who have been legally adopted.
- 5) Families voluntarily receiving services through the Department of Child Services could be served through this program such as a voluntary service referral, Service Referral Agreement, or Informal Adjustment.

Probation youth are not excluded if they meet the criteria in number 2, 3 or 4 above.

III. Goals and Outcome Measures

Goals #1

Timely intervention with family and regular and timely communication with referring worker

Outcome Measures

- 1) 95% of all families that are referred will have face-to-face contact with the client within 5 days of the referral or inform the referring worker if the client does not respond to requests to meet.
- 2) 95% of families will have a written treatment plan prepared and sent to the referring worker within 30 days of the receipt of the referral.
- 3) 97% of all families will have monthly written summary reports prepared and sent to the referring worker.

Goal #2

Development of positive means of managing crisis.

Outcome Measures

- 1) 90% of the individuals/families served will not be the subjects of a new investigation resulting in the assignment of a status of “substantiated” or “indicated” abuse or neglect throughout the service provision period.
- 2) 90% of the individuals/families that were intact prior to the initiation of service will remain intact throughout the service provision period.

Goal #3

DCS and client satisfaction with service provided.

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 90% of clients will rate services as satisfactory or above on satisfaction survey.

IV. Qualifications

Minimum Qualifications:

Master’s degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor.

In addition to:

- Knowledge of family of origin/intergenerational issues.
- Knowledge of child abuse/neglect.
- Knowledge of child and adult development.
- Knowledge of community resources
- Ability to work as a team member.
- Belief in helping clients change their circumstances, just adopt to them.
- Belief in the family preservation philosophy.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions via telephone with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

- 1) Travel Time with the client is factored door to door from the service provider's home or the agency's office, whichever is closest to the client. If both these locations are outside the county being served, travel time is to begin at the county line unless otherwise approved by the referring DCS.
- 2) Travel time is to include only travel to and from the client/family's home, to and from case conferences, court, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive “no show”, the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a “No Show” must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) “No Shows” are to be billed per occurrence.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.



SERVICE STANDARDS

VISIT FACILITATION - PARENT / CHILD / SIBLING

I. Service Description

It is the fundamental right for children to visit with their parents and siblings. The relationship developed by the child with the parent is one of bonding, dependency, and being nurtured, all of which must be protected for the emotional well being of the child. It is of extreme importance for a child not to feel abandoned in placement by either the child's parents or by other siblings, and for a child to be reassured that no harm has befallen either parent or siblings when separation occurs.

Visit facilitation will be provided between parents/children and/or siblings only who have been separated due to a substantiated allegation of abuse or neglect. Visitation allows the child an opportunity to reconnect and reestablish the parent/child/sibling relationship in a safe environment. It is an excellent time for parents to learn and practice new concepts of parenting and to assess their own ability to parent through interaction with the child. Supervised visitation allows the DCS to assess the relationship between the child and parent and to assist the parent in strengthening their parenting skills and developing new skills. In situations where reunification is not the goal for the family and siblings are separated, sibling visitation may be provided under this service.

The visitation provider provides a positive atmosphere where parents and children may interact in a safe, structured environment. Visitation may be held in a visitation facility; neutral sites such as parks, fast food restaurant with playground, or shopping malls; child's own home or relative's home; foster home; or other location as deemed appropriate by the referring DCS and other parties involved in the child's case taking into consideration the child's physical safety and emotional well being.

Referral process

In order for positive and productive visitation to occur, a referral form (*in addition to the IV-B referral form*) will be provided by the visitation facility for completion by the child's case manager to obtain information such as:

- 1) desired/allowable location of visits (such as facility, neutral space, foster home, own, home, etc.), length of visits, number of visits requested per week,
- 2) placement of the child and contact information,
- 3) who may participate in visits with contact information and relationship to child,
- 4) who is restricted from visits,
- 5) level of supervision requested (such as in-room, drop-in during visit, audio monitored, video monitored, semi-supervised, unsupervised, etc),
- 6) what is expected of the parents or other approved person(s) regarding prior preparation related to bottle feeding, meals and snacks, change of clothes if needed, diapers and wipes, etc.,
- 7) restricted activities, if any, and
- 8) consequences when parents do not attend visits as planned and agreed upon (this may include no showing or being consistently late or consistently leaving early);

- 9) circumstances under which visits may be limited or terminated (such as parent or child has head lice, parent under influence of mood altering substance, parent's intimidating or threatening behavior, inability of parent to manage children's behavior in structured setting, etc.); and
- 10) other information pertinent to the visits.

The referral form will provide adequate information for the visitation facility to develop a visitation plan with input from the child's placement and biological/legal parents and foster parents to activate the referral.

Upon receiving the referral from the DCS, the agency will contact all parties to set up the visits taking into consideration the ability of the parent to attend based on work schedules and the foster parent or relative caregiver ability to ensure attendance of the child. Every attempt must be made for visitation to be scheduled within 5 working days of receipt of the referral. All cancelled visits by the parent or visit facilitator must be reported to the referring DCS as soon as possible after the decision to cancel indicating who cancelled and the reason for cancellation.

Visit Observation and Reporting

Professional and/or paraprofessional staff will assist the family by monitoring, strengthening, teaching, demonstrating, and/or role modeling appropriate skills in the following areas:

- Establishing and/or strengthening the parent-child relationship
- Instruction parents in child care skills such as feeding, diapering, administering medication if necessary, proper hygiene
- Teaching positive affirmations, praising when appropriate
- Providing instruction about child development stages, current and future
- Teaching age-appropriate discipline
- Teaching positive parent-child interaction through conversation and play
- Providing opportunities for snack and meal prep with children present
- Responding to child's questions and requests
- Teaching safety regarding age-appropriate toys, climbing, running, jumping, or other safety issues depending on the environment
- Managing needs of children of differing ages at the same time
- Helping parents gain confidence in meeting their child's needs
- Identifying and assessing potentially stressful situations between parent and their children
- Giving parents an opportunity to decide whether they are willing and able to pursue reunification

At each visit, the visitation facilitator will accurately document for the referring DCS the following information:

- 1) date, location, and level of supervision of visit;
- 2) those in attendance at the visit;
- 3) time of arrival and departure of all parties for the visit;
- 4) greeting and departure interaction between parent and child/ren;
- 5) positive interactions between parent and child;
- 6) planned activities by the parent for visit;
- 7) interventions required, if any and parent's response to direction provided with regard to interventions;
- 8) ability and willingness of parent to meet child's needs as requested by child or facilitator;
- 9) recommendation regarding level of supervision of follow up visits based on on-going demonstration of ability by the parents and comfort level of the child/ren;
- 10) tasks given to the parent to be completed prior to or at the next visit, etc.

Additionally, the following items apply:

- 1) Visitation staff must respect confidentiality. Failure to maintain confidentiality may result in immediate termination of the service agreement.
- 2) Family Case Managers will be notified by phone immediately when inappropriate behavior occurs with either parent in a visit that affects the ability of the visit to continue or the safety of the child.
- 3) Services must demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions and be delivered in a culturally competent fashion.
- 4) Attendance at case conferences may be required as well as testimony and/or court appearances at review or permanency hearings for the child.
- 5) Documentation regarding subjective information must be followed by examples of the situation for clarification. The documentation of the visit must be provided to the referring DCS no less than 3 days following the visit.
- 6) Provider understands that documentation will be shared with the child's parents, foster parents or other placement of the child, the child's therapist, and other parties in the case to assist in decision making regarding decreased or increased levels of supervision and reunification.

II. Target Population

- 1) Families with children who are currently in substitute care and who are in need of reunification services.
- 2) Siblings who are separated and in need of a neutral environment for visitation.

III. Goals and Outcome Measures

Goal #1

Ensure that all children removed from their parents have the opportunity to visit their parents/siblings on a regular basis.

Outcome Measures

- 1) 90% of the families will actively and appropriately participate during visits.

Goal # 2

Strengthen and increase the parent's ability to provide for the emotional and physical needs as well as the safety of their children.

Outcome Measures

- 1) 85% of parents served will recognize and respond to their children's cues regarding their needs and wants.
- 2) 85% of the parents provide an emotionally stable and safe level of care to meet the needs of their children during visits.
- 3) 90% of parents will arrive with previously requested items by the visit facilitator for the children such as diapers, food, etc. and be prepared a meal or snack if expected.

Goal # 3

Provide accurate and timely information in the child's case so that informed decisions may be made regarding reunification and permanency for the child.

Outcome Measure

- 1) 98% of visitation reports will be received weekly by the DCS of the visitation or immediately when inappropriate behavior occurs with either parent.

Goal #4

DCS and family satisfaction with services

Outcome Measure

- 1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
- 2) 94% of the families who have completed home-based services will rate the services “satisfactory” or above.

IV. Qualifications

Minimum Qualifications:

Visit Facilitation - Paraprofessional

A high school diploma or GED; one (1) year of full-time experience in child care in an organized setting or experience as a parent and is at least twenty-one (21) years of age and is under the direct weekly supervision of a person holding a Bachelor's or Master's degree in Social Work, Psychology, Sociology or a directly related field.

Visit Facilitation - Professional

Bachelor's degree in social work, psychology, sociology, or a directly related area and under the direct weekly supervision of a person holding a Master's degree in Social Work, Psychology, Sociology or a directly related field.

Therapeutic Supervised Visitation - Professional

Master's degree in social work, psychology, or marriage and family therapy holding a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor.

Supervision/consultation is to include not less than one (1) hour per week of service provided, nor occur less than every two (2) weeks.

V. Billable Units

Face to face time with the client:

(Note: Members of the client family are to be defined in consultation with the family and approved by the DCS. This may include persons not legally defined as part of the family)

- Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
- Includes crisis intervention and other goal directed interventions with the identified client family.
- Not included is routine report writing and scheduling of appointments, which are included in the rate for service provision.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Case Conference:

Includes case conferences initiated or approved by the DCS for the purposes of goal directed communication regarding the services to be provided to the client/family. Such approval is to be documented on the Referral Form or subsequent DCS correspondence.

Collateral contacts:

Collateral contacts includes up to eight (8) hours per family per month that are consistent with the plan of the case. Additional time must be approved and documented through subsequent DCS correspondence.

Court Time on case:

Services include providing any requested testimony and/or court appearances including hearings or appeals. Includes up to one hour for preparation of a DCS requested and approved court testimony. The provider may bill up to one hour per day for testimony in client/family specific court hearings as requested and approved by the DCS.

Travel Time:

Travel time is to include only travel to facilitate the visit, to and from case conferences, court, and no shows. The travel time rate includes mileage expenses at the State rate of .40 per mile. Mileage expenses are not to be billed in addition to travel time.

No Show:

- 1) Includes attempted scheduled home visits with the identified client/family for which the client/family does not appear. Upon the 3rd consecutive “no show”, the provider must contact the referring FCM to determine if continuation of services is appropriate.
- 2) Includes attempted unscheduled home visits if such visits are requested by the DCS via the Referral Form, the DCS Case Plan, or subsequent DCS Progress or Case Notes.
- 3) Wait time for a “No Show” must be no less than 15 minutes. A note must be left to inform the client/family that a contact attempt was made.
- 4) “No Shows” are to be billed per occurrence.

Translation or sign language:

Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

- 1) A DCS referral form;
- 2) Documentation of regular contact with the referred families/children and referring agency;
- 3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.

NON-STANDARDIZED PROGRAM SPECIFICATION GRID
TITLE IV-B I and II, SSBG

TYPE OF SERVICE & FUNDING SOURCE	OBJECTIVES	NEEDS PROPOSAL	OUTCOME MEASUREMENT FOR ALL OF CATEGORIES
CATEGORY II SUPPORT SERVICES Title IV-B I and II, SSBG			
1. Day care/respite care for biological parents	Provision of Nurturing Child Care Services	Yes	___% of Families/Placement Remaining Intact Length of Time for Referral to Service
BILLING UNITS: Actual cost of care provided Documentation: Documentation of request for service either by phone or in writing Service Access: Verbal or written approval by the DCS office			
2. Guardianship Attorney Fees	Provide Attorney for Guardians of Modest Means	Yes	___% of Permanent Placement Achieved
BILLING UNITS: Attorney charges for preparing guardianship papers Documentation: Copy of guardianship papers approved by the court Service Access: Correspondence from the DCS requesting services			
3.Community Awareness	Provision of Programs Designed to Educate the Public Regarding Child Abuse and Neglect	No Need letter	___% of Increase of Reports of Neglect and Abuse 1 month after event based on statistics of month prior to the event
BILLING UNITS: Documentation: Sign in sheet from program provided of people attending including name, address, phone number Service Access: Correspondence from the provider requesting funds to provide services			
4.Camping	Provision of Funding to send a child to a Beneficial Camp Program	No unless over \$500	___% of children enrolled who successfully completed the camp experience.
BILLING UNITS: Per camp attended Documentation: Documentation of verbal or written approval by the DCS Service Access: DCS approval			

CATEGORY II. A		IV-B Part II	
1. Foster Parent Recognition	Formal Recognition of Foster Parents Improve Foster Parent Morale/ Image/Retention	No Need letter	Such a program must focus primarily on the education, training, and recruitment of foster parents. Forward a copy of the printed program, number of attendees, speaker's name and credentials, as well as copies of any publicity material.
BILLING UNITS: Actual cost of recognition provider			
Documentation: Written approval for expenditures by the DCS			

NOTE: All of the above services may include process objectives (i.e., how the services are to be delivered). The total funded percentages of the process objectives must = 100% and/or the total hours of process objectives must equal the total hours.